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ORIGINAL ARTICLES.

EDUCATION WITHIN THE MEDICAL PROFESSION.[1]

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IT is generally conceded that there is no other department of knowledge of so much value to the human race as that of medicine. From the standpoint of practical utility, the most important portion of this knowledge relates to Preventive Medicine, and its benefits to humanity are measured by the degree in which it is shared with the public, and thus made available for hygienic purposes.

In marked contrast with the spirit and traditions of ancient medicine which jealously guarded its secrets or disclosed them in Delphic utterances, the genius of modern medicine is essentially in the direction of the popularization of hygienic knowledge.

This change in professional policy has come from the recognition of the fact that the most powerful aid to the progress of preventive medicine and the practical application of sanitary measures is the education of the public to an appreciation of the need and value of prophylaxis. The sanitary control of smallpox by universal vaccination has only been rendered possible by education of the public as to the value of this prophylactic measure. The brilliant results already achieved in the prevention of tuberculosis are largely due to enlightening the public as to the dangers of this disease and the means by which it is spread. The prophylactic value of education has been applied to the prevention of almost all communicable diseases with a single exception—and that a class—the most essentially human of all diseases—which poison the very sources of human life, and which, from their frequent introduction into marriage, are most injurious to the welfare of the family which underlies the welfare of the race. The special knowledge possessed by the medical profession in regard to these preeminently social diseases is a sealed book to the public—a light hidden under a bushel.

What is the explanation of this anomaly? *A priori* it would be assumed that the public would want to know all about a class of infections which, in addition to their dangers to the individual, have such an important social interest, but it must be admitted that there is, on the part of the public, an indifference—even an active opposition to this enlightenment—due partly to the erroneous idea that these diseases are the exclusive appanage of vice—but chiefly to the traditional shameful character with which they have been invested by popular prejudice. As a consequence, there exists among the general public the densest ignorance respecting the dangers of these diseases, their modes of communication direct and indirect—and especially the dangers which come from their morbid irradiations into family and social life.

Whatever may be the ultimate expansion of this Society's work, it is proposed that it shall begin along educational lines. Since the medical profession is the repository of this hygienic knowledge, it is evident that physicians must be the chief purveyors of this knowledge to the public. This education must be both collective and individual. The collective instruction through lectures, pamphlets, tracts, etc., and other agencies of popular enlightenment can be best undertaken by this Society in its corporate capacity, but the individual instruction must be largely accomplished through the personal propagandism of physicians. The family physician—a genus fortunately not entirely extinct—despite the encroachments of specialism—is peculiarly well adapted for this work. Through his personal, as well as his professional relations with his clientele, he can inculcate in young men sound and sanative ideas of sexual hygiene, imbue them with a wholesome fear of venereal infection and give them correct ideas of the dangers it entails both individual and social.

In organizing a campaign of prophylaxis, it is pertinent to inquire how thoroughly the rank and file of the profession are equipped for this educative work. But before entering upon this inquiry, we may glance for a moment at certain popular errors in regard to the sexual system and its diseases for which the medical profession is, in some measure, responsible. In general it may be said that popular conceptions of disease are but the reflected opinions of the medical profession—imperfect, distorted, exaggerated, it may be—but having, nevertheless, a substratum of medical authority. This is especially true of a class of diseases which from their private, secret nature are confidential between the patient and physician, and concerning which the impressions of the patient come more or less directly from the physician.

Now it may be easily shown that many of the views of the laity upon venereal diseases are but the discarded opinions of the medical profession; in other words, the popular errors of to-day are the professional errors of our fathers. Such, for

1. Read at the meeting of the Society of Sanitary and Moral Prophylaxis, April 14, 1905.

example, as the idea almost universally prevalent, that sexual indulgence is a physical necessity for men, the fallacy of which has been so ably exposed in Dr. Keyes' paper. It is most unfortunate that this heresy, unphysiologic as it is immoral, is still promulgated by many medical men.

Another popular error is the ignorant contempt of the danger of venereal infection. Many of the laity still look upon gonorrhea as of no more significance than a "cold in the head," and the type of man who boasts of having had a "dozen doses," and "that it amounts to nothing," is by no means extinct. But do not many of us recall the time not far remote when the gonorrheal patient was received by the physician with a smile of levity, and his "little misfortune" was made the subject of a joke or some playful badinage, when the cessation of the acute discharge was considered an evidence of cure, and for the occasional intermittent discharge, persisting in the form of gleet, "the sexual hygiene of married life" was recommended as the best means of cure. It is questionable whether even at the present day the mass of the medical profession is familiar with the more recent advances made in our knowledge of gonococcus infection —advances which have entirely transformed our conception of the disease in respect to its dangers to the individual and its significance as a social peril.

Another error, almost universal among the lower, uneducated classes, is that the contagion of syphilis ends with the cure of the chancre. So deep-rooted is this error that it is difficult to convince them that genital sores are not the exclusive source of contagion. This is but a survival of Ricord's doctrine promulgated less than half a century ago that "the primary ulcer in its period of extension is the sole source of the syphilitic virus."

Even among the educated classes of the public few are familiar with the multiple modes of syphilitic contagion and the dangers which come from its morbid irradiations when introduced into married life.

These popular misconceptions are not surprising in view of the fact that the history of venereology has been a record of errors. It is only within a comparatively recent period that it has been established upon an exact scientific basis.

Our knowledge of gonococcus infection is essentially a modern acquisition. Before the discovery of Neisser its etiology was not understood and the wide range of its pathological effects was not even suspected. Our knowledge of gonorrhea in women was most rudimentary and incomplete, largely because it had never been the subject of serious and careful study, and until the development of modern gynecology our methods of exploration were crude and the interpretation of clinical phenomena was necessarily incorrect. The modern conception of the field of syphilitic pathology has been no less amplified. Our knowledge of internal or visceral syphilis, its cerebral, spinal, arterial, and hepatic complications, the group of parasyphilitic affections, late hereditary syphilis, etc., has been the product of the last third of the century just closed. We may well ask has this new knowledge been assimilated by the general medical profession?

Another measure advocated by this Society, more purely medical even than education, is prophylaxis by treatment. In dealing with a class of diseases which are contagious during a prolonged period the prompt suppression of sources of contagion by treatment is recognized as the most effective measure in preventing the spread of infection. The cure of the individual and the prevention of disease go hand in hand. In order to realize the full value of prophylaxis by treatment the physician should not only have a theoretical and practical knowledge of these diseases, but he should be thoroughly up to date in his methods and appliances of diagnosis and treatment.

And here I may allude to another popular error most dangerous in its practical tendency, viz., that the treatment of venereal diseases requires no special medical knowledge or skill, hence patients have no hesitancy in entrusting their cases to the apothecary's clerk, the ignorant quack or the merest tyro in medicine, or they may even avail themselves of the prescriptions of an obliging friend, with this deplorable result, that the vast majority are improperly or insufficiently treated and not definitely cured, and they go on scattering broadcast the seeds of dangerous infections which might have been sterilized by proper treatment.

I will venture the statement that there is no class of diseases in any department of medicine which in the past has been so neglected, mismanaged or received such a routine and unscientific treatment as the venereal class. Many physicians still look upon gonorrhea as a trivial affection, and their entire armamentarium consists of a glass syringe and a half dozen or more formulæ for injections. To them, syphilis is simply a sequence of primaries, secondaries and tertiaries and the whole therapeutic problem resolves itself into so many months of mercury followed by so many months of iodide of potassium.

The idea that only the merest modicum of medical knowledge is required for the management of venereal diseases may be traced back to its legitimate source in the low standard set by our medical schools in not demanding a knowledge of these diseases as a condition of graduation. Venereology has always occupied a subordinate position in the system of medical instruction and even at the present day, when medical education is planned on a broader and more complete basis and a higher standard of attainments is required it is questionable whether these diseases receive the recognition their superior importance demands.

Fifteen years ago I had occasion to investigate the provisions made in the various medical colleges of this country for the teaching of venereal diseases. The catalogues of 75 of the leading medical institutions were carefully examined with reference to this point. In the departments of "Genito-Urinary" and "Venereal Diseases" there were 24 professors, 4 clinical professors, 6 lecturers and 6 instructors. In less than one-half of these colleges there was no special provision made for this instruction; in only two or three was a single question allowed by the professor in this department to test the knowledge of the student; in all these studies were elective and not essential to meet the requirements of graduation. It may be said that this is ancient history, but it is to be remembered that the large proportion of physicians in active practice to-day were graduated prior to this period and that it is exceedingly questionable whether they have kept pace with the advances made in our knowledge of those diseases since then.

At the present day conditions are improved. Almost all medical schools have a department of venereology. Many of them allow one or two questions upon syphilis or some phase of gonococcus infection to the student, but in most of them these studies are not obligatory and a necessary condition of graduation.

The system of instruction as at present organized in most of our medical colleges is defective in another regard, viz., the absence of proper clinical facilities for the practical treating of these diseases. Such facilities exist only in our large centers of population, and as a result the greater number of students are not fitted by a thorough practical training for the ready recognition and intelligent management of these cases when met with in practice.

Is it surprising in view of this defective practical training that so many mistakes are made in the differentiation of venereal sores, that in the presence of skin eruptions the diagnosis of syphilis furnishes a ready refuge for ignorance that patients are carelessly, often wrongly, condemned to a long course of specific treatment and that so many physicians lightly sanction the marriage of uncured venereal patients, which may mean the sacrifice of the health and life of innocent individuals. Referring to the fatal carelessness of physicians in this regard, Jullien says: "Should the qualification, guilty, be applied to the large number of men who unconsciously soil their wives at the first approach? When the responsibilities are well examined into it is to the neglect or incompetence of the physician that they should be ascribed. If he has made an insufficient examination, if he has been satisfied with a rapid inspection or even if deceived by false traditions, he has advised marriage in order to cure the goutte militaire, he alone is guilty."

Let us glance at a few items in the pathological balance sheet of venereal infection. It is the cause direct or indirect of fully one-eighth of all diseases which afflict humanity. It invades the domain of almost every branch of pathology, it furnishes a large contingent of morbidity in the practice of the surgeon, the neurologist, the gynecologist, the eye and nose, throat and other specialties.

Leaving out of consideration the superficial secondary accidents and taking only lesions which may involve or compromise the integrity of important organs we may place to the debit side of syphilis 90 per cent., of all cases of locomotor ataxia, more than 75 per cent., of all ocular paralyses, a considerable percentage of cases of iritis, choroiditis and retinitis, a large but indeterminate proportion of general paralysis, paraplegia and hemiplegia; 80 per cent. of all cases of paresis have a history of syphilis; every hemiplegia occuring in men under forty years of age not addicted to alcohol is of syphilitic origin. This does not include its morbid determinations to the heart, kidneys and other organs.

The bill of its hereditary morbidity and mortality is much larger. Syphilis causes 42 per cent. of all abortions, 60 to eighty per cent. of syphilitic children die *in utero* or shortly after birth. Those that survive are the subjects of dystrophies and degenerative changes, physical and mental, which make of them inferior beings unfit for the combat of life.

The pathological liabilities of gonococcus infection are scarcely less formidable. Passing by the local inflammations, the articular and systemic complications in the male, let us consider only those results of infection which go to make up the saddest chapter in the martyrology of married women. The undeniable and scientifically demonstrated danger of gonococcus infection in women is that it causes 80 per cent. of all deaths from inflammatory diseases peculiar to women—practically all the pus tubes, more than 75 per cent. of the suppurative pelvic inflammations, and 50 per cent. of all gynecological operations performed by surgeons, to say nothing of the large number of women who drag out a miserable existence of invalidism.

Its effects upon pregnancy and conceptional capacity are most disastrous, 20 to 30 per cent. of gonorrheally infected women abort, from 45 to 50 per cent. are rendered irrevocably sterile.

The social dangers following gonococcus infection in woman are not limited to its effects upon her health and productive energy, but are manifested further in the infective risks to her offspring—80 per cent. of the blindness of the newborn and 20 per cent. of this terrible affliction from all causes is due to gonococcus infection, as well as the large proportion of vulvovaginitis and joint affections occurring in children.

And yet these diseases which are met with in some of their forms or manifestations at almost every turn in practice, and which are so important from both a medical and social point of view, are even to-day a neglected branch of medical education. Undoubtedly the student learns

something of the remote results of syphilis and certain phases of gonococcus infection in connection with the pathology of general diseases, but the point I wish to make is, that a fundamental knowledge of these diseases, their diagnosis, the period of their contagious and transmissive activity, the importance of their treatment when acute and curable, their significance as a social danger and their important relations with marriage, does not form an integral or essential part of medical education.

In conclusion, brief reference may be made to the attitude of the public toward these diseases and their prophylaxis and the responsibility of the medical profession therefor.

We chide the public for that ridiculous prudery which looks upon education in sexual hygiene as not proper, as demoralizing, even, for the young, and for that traditional prejudice which surrounds sexual diseases with an atmosphere of shame. From the standpoint of science there can be no greater satire upon creative wisdom than the idea that the knowledge of the organs than transmit life is shameful, or that the education which would lead young men to live according to the physiologic laws of a healthy nature is profane. But we may ask, is the medical profession free from this mental atavism? How many physicians instruct their own children in these matters?

We censure the public for its insensibility to the significance of the venereal peril, its indifference, its hostility even, to measures of prevention. Does not the public take its cue from the attitude of the sanitary officials who are charged with the health of the people and yet entirely ignore the existence of these diseases, and in all their schemes of sanitation pass them by as a negligible quantity? Are not these diseases excluded from our hospitals when they are acute and curable and most dangerous as a source of contagion to others?

We condemn the public for its disposition to cover up and conceal this evil—for the spirit of *ostrichism,* if I may be allowed to coin a word, which shuts its eyes to the danger that threatens the social body from this source. Is it not the spirit as well as the practice of the medical profession to draw a veil of concealment over these infections which ramify through every rank and class of our social life? Is it not this same policy of concealment manifest in the employment of a nomenclature which conceals the identity of these diseases in our hospital records and renders impossible the collection of statistics, private or public, showing the enormous extent of venereal morbidity, as well as its mortality?

Further, and here we approach delicate ground, does not the medical profession in drawing around these diseases the sacred circle of the medical secret which protects them from the notification demanded by the law and the interests of sanitation—which relaxes none of its rigor in the presence of a crime about to be committed, when, for example, a syphilitic man is about to marry an innocent woman with the practical certainty of infecting her, and the physician is powerless to utter a word to protect her from this terrible fate—carry this concealment to the extremest limit. Unquestionably the shame of these diseases, which gives force and efficacy to the medical secret, constitutes the most powerful obstacle to the enlightenment of the public, to prophylaxis by treatment, to the safeguarding of marriage and to the application of sanitary measures of control.

With the irruption of syphilis in Europe at the close of the fifteenth century these diseases were christened with a baptism of shame and with the dawn of the twentieth century civilization the stigma still clings to them, and this, in face of the fact that there is, in the aggregate, more venereal infection to-day among virtuous wives than among professional prostitutes. In the estimation of the public the odium of immorality is almost universally attached to the bearer of venereal disease.

From a scientific standpoint morality does not qualify disease—certainly the taint of immorality cannot attach to the thousands of innocent women and children who receive this infection in a relation which typifies and illustrates our highest conception of virtue. The medical profession should rise superior to this insensate prejudice and convince the public both by teaching and example that while venereal disease is always a misfortune to be guarded against, it is not necessarily a merited punishment—and when this is accomplished an enlightened public sentiment will doubtless sanction the placing of these diseases on the same plane of sanitary control as tuberculosis and other infectious diseases dengerous to the public health.

From these and other considerations which might be adduced, I believe that the educational reform which it is the object of this Society to inaugurate should commence in the ranks of the medical profession. This reform should be basic; it should begin in our medical educational centers, so that the oncoming generation of medical men, thoroughly instructed in a knowledge of these diseases in all their relations, fully appreciating their significance as a social danger and impressed with a sense of their own responsibility as guardians of the public health, shall be active, ardent and capable progagandists of the principles of prophylaxis advocated by this Society.

I am fully aware that the Jeremiad is the most unpopular form of medical paper, but it is hardly necessary for me to say that these reflections have not been submitted in a captious or hypercritical spirit, they are offered from the conviction that an honest confession is good for the soul, and with the hope that the beam may be removed from the professional eye in order that it may see clearly to cast out the mote from the public eye.

THE BEST WAY TO TREAT THE SOCIAL EVIL.[1]

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I COME here to-day in hearty sympathy with all the members of this body in their expressed purpose to study the extent of the social evil; to determine the best course of action by which to check or to suppress its ravages; to make these facts known as soon as ascertained; and to take all the necessary steps to secure, at any cost, the cooperation in the campaign of every citizen in the land.

The proper order of treatment for this subject is: (1) Investigation of the facts; (2) Deliberation upon them in order to determine the best plan for an aggressive campaign; (3) The institution and maintenance of the campaign thus planned.

I would urge that we keep this classification of aims constantly before our minds, for while the experience of other countries shows us that we may proceed to best advantage by attacking the subject along two or three avenues concurrently, we must, at the same time, remember that it does not answer to rush into action too far ahead of investigation and verification. Any gross violation of this rule must inevitably result in waste of effort, exposure to just criticism, and estrangement from friends of the movement. Moreover, we must always remember that we are dealing with our own flesh and blood, and that misdirected effort results, not like chemical failure, in total destruction, but in the production of untold misery, most of which falls to the lot of that most pitiable of all classes, the prostitute.

Let me aid you this evening by helping you to gather a few data from the experience of other countries on the question under consideration and to utilize them in selection of the best channels into which, after deliberation and reflection, it is best to direct our energies.

I may say at once that it is a fond delusion of the human mind to look to legislation for the relief of that which has its roots in the nature and passions of men and women. All true and lasting reform must spring from the hearts of the people, and the spectacle of a large body of men trying to purge this evil from our midst by law-making, makes me think of a story I have heard concerning an amiable and accommodating legislature in Kentucky. The members had too much old-fashioned Southern courtesy to refuse the earnest petition of a gentle old lady, oppressed by the evils of cigarrette smoking, that they would do something toward its removal; so they gallantly passed a peremptory law abolishing the cigarette! I have not verified this story, but, as the Italians say, *si non è vero, è ben trovato*, and it is an excellent illustration of my point, for it is true to nature—to American nature, at least.

[1] Address delivered before the Society of Sanitary and Moral Prophylaxis, New York, May 19, 1905.

Legislation against the social evil has, until recently, taken the form of what is generally known as regulation of prostitution, or, less speciously, the legislation of vice. The moral and religious grounds for objection to such a plan are of the strongest kind. There is, however, another argument against it of a practical nature, namely, its total failure to purge the public health to any notable extent of the diseases, syphilis and gonorrhea. I should like then at the outset to say a few words signalizing the total failure attending the legalization of vice as tried by our own race.

In 1864 a bill regulating prostitution was introduced into Great Britain, under the title the Contagious Diseases Acts, the measures for its introduction, its opponents claim, having been rushed through parliament with so little explanation that many persons, deceived by the title, believed that it was a bill introducing measures to check the diseases of cattle, a subject, at that time, attracting much attention.

The provision of this Act, in the words of one of its supporters, were these: "This statute provided in substance that on information being laid before a justice of the peace by a policeman or by a medical practitioner, stating that he had good reason to believe that a woman was a common prostitute and infected with venereal disease, the justice could order her to be taken to a certified hospital for examination." Provision was also made for what is known as "voluntary submission" on the part of the woman. This first Act did not, like subsequent ones, compel examination; it imposed penalties, however, on women who refused examination, or who quitted hospitals without being discharged. It also provided for the establishment of hospitals for the free treatment of prostitutes, in which they were required to remain until discharged, and which were, for this reason, called lock hospitals.

In the same article the writer says "As the directly utilitarian purpose of the Acts has reference to our army and navy, and as their effect could be better tested among a population about whose comings and goings everything was known, the operation of the Acts was confined to certain specified military stations where troops were collected in considerable numbers (*Med. Press and Circular*, May 19, 1888).

The terms of this Act were similar to those in force in some other countries, except that they were less severe. Their rigor was subsequently increased in Great Britain, and the examination was made compulsory, that is to say that the woman who refused could be imprisoned at the discretion of the magistrate.

Let us now see what has been the effect the passage of these Acts upon the public health, that is to say, what effect they have had upon the spread of venereal disease in the British Army, for which purpose they were devised.

The committee appointed in 1882 to inquire

into their efficiency, reported as follows: Primary lesions—showed a reduction, though not a considerable one; gonorrhea—showed a slight increase; secondary syphilis—statistical difficulties were here experienced, as the disease is often acquired at one point and developed at another. Two different sets of calculations were published on different occasions, the first showing a slight reduction in secondary syphilis in the protected stations as compared with the unprotected, while the second set announced an actual increase of disease in the protected over the unprotected; evidence was also adduced to show that the disease in protected stations was more severe. Lack of time forbids me to enter into the discussion which the difference between these two sets of figures provoked. I can only say that there is at least equal reason to accept the second set as correct, and at all events the rate of improvement claimed by the other was but slight. This act was repealed in 1886, having been in action from 1868 to 1886, with sundry modifications, introduced at different times during this period.

The Contagious Diseases Acts in Great Britain, therefore, may be said to have been a failure so far as showing any notable results in fulfilment of the purpose for which they were executed, which was, in the words of the Royal Commission, "to control the conduct of prostitution so as to render the practice of prostitution, if not absolutely innocuous, at least much less dangerous" (*Rep. of the Roy. Comm.*, 1870, sec. 13, p. 4.)

Let us now briefly consider why the Contagious Diseases Acts were a failure in Great Britain. First of all, as Dr. Charles Bell Taylor says, for the fundamental reason that of two propagators of disease you only treat one. "What would you think of our Medical Health officer if he proposed to stamp out scarlet fever by segregating girls, while little boys, in an infected condition, mind you, were sent to school or allowed to play about the streets? What would you think of him if he proposed to stamp out the cattle plague by slaughetring heifers while young bulls were allowed to spread infection all over the country? What would you think of him if he proposed to limit smallpox by vaccinating females only? . . . A sanitary law applicable to one sex only is not only a cruel injustice, but a mockery, a delusion and a snare." (Speech before the House of Commons, February, 1883.

(2) Because it is impossible to get more than a small percentage of the women to submit to the examinations, for, however rigorous the regulations, they succeed in evading them in every possible way. In Paris, about 1883, the *chef de mœurs* stated that there were actually in the city between thirty and fifty thousand prostitutes, but only 3,500 of them were registered. The remainder were "clandestine prostitutes," a class most especially to be dreaded as disseminators of disease, because, as they rarely apply for treatment, they are seldom cured. More recent evidence of the same kind is furnished by Dr. Lautaud, of the St. Lazare Hospital, in the *Journal de Médicine* for September, 1897. He states that all doctors who have studied the question of prostitution in Paris during the last thirty years are unanimous in agreeing that the number of women on the register is constantly diminishing, while the number of clandestine prostitutes is always increasing. In 1847 the number of women on the register was 3,000; in 1895, in spite of the increase of population, it was only 2,000, whereas the number of clandestine prostitutes, that is, women who occasionally, or habitually practise prostitution, was, he estimates, at least 300,000 (*Westminster Review*, December, 1899, p. 608).

(3) It is impossible to examine any large number of women often enough to prevent disease from spreading. Once a fortnight is the usually specified interval, but any woman acquiring the disease immediately after examination, will communicate it during the two weeks intervening before her next examination. Furthermore, it is difficult, and sometimes impossible for even a skilled examiner to determine at one, and that usually a hurried examination, whether a woman is infected or not. The microscope is the arbiter in gonorrhea, but for this the requisite skill is often wanting, even if the time and facilities necessary for using it are present. Even when the lesions are unmistakable, they often escape detection, because the women themselves become experts in the art of concealing them. Dr. Taylor says: "I know of a druggist in one garrison town who is (1888) making an excellent income by preparing women for examination, an industry for which, in addition to licensed prostitution, we are indebted to the promoters of this scheme" (*loc. cit.*).

(4) Still another reason against the possibility of such examinations being effectual in controlling venereal disease is the rapidity with which it must be conducted, owing to the large number of women and the insufficient supply of doctors. Dr. Frederic Griffith, writing of his observations in Paris (*New York Medical Record*, April, 1904), states that he has known four hundred women examined in an hour and a half! What a prostitution of the medical profesion!

(5) It is frequently impossible to examine a woman even if she presents herself at the time appointed, because she is menstruating. In the letters of the four Honorary Surgeons of the Albert Hospital to the Lords of the Admiralty, it is shown that 2,110 women were not examined in one year for this reason. During the thirteen weeks ending August 28, 1869, a weekly average of 52 was not examined, owing to this cause alone. It is also stated that at one station 30 women in one day were not examined on account of menstruation. Moreover, many women wait until they are menstruating in order to evade

the examination, and others make use of a stain to simulate menstruation in order to secure the same end.

(6) Furthermore, a woman who has had syphilis is protected against future fresh attacks, yet if she continues to associate with infected men she spreads the disease by mediate contagion, though she shows no signs of it herself.

(7) Finally, systematic regulation and examination is a failure because it demands as a *sine qua non* to its success the hearty cooperation of both parties, the prostitute and the medical man, while, as a matter of fact, neither side is willing to do its part in the affair, far less both. On the part of the medical man the system is certain to degenerate into a devilish, political, money-making scheme, associated with bribery and all sorts of debauchery, inevitably degrading a profession which has always stood higher than almost any other. To the prostitute it is a high-handed piece of brigandage and an infringement on that "liberty" which she values as her life, to be resisted at all times and by every possible device and subterfuge.

A recent writer on the Contagious Diseases' Acts is clearly right when he says "It is evident . . . that it is *absolutely impossible* to make prostitution safe. That by a sanitary law applicable to one sex only, it can never be brought under control. *That the danger from mediate contagion is insuperable.* That the examinations are worse than useless. That they spread disease. That the whole system, by giving men inducement and a false sense of security is a fruitful source of injury to the innocent wives and children we are so earnestly called on to protect. (*Westminster Review*, Feb., 1900, p. 135).

These are the reasons why the system of legalized prostitution is a failure; let us now inquire into its effects upon the public. I do not here discuss the moral and religious aspects of the question—I confine myself, with intention, to its practical side.

It has been claimed that the system of regulating prostitution has a reforming influence. The evidence of matrons, chaplains, and other officials connected with lock hospitals is positive that this is not true, moreover, it is stated that syphilis among prostitutes in Great Britain increased from 148 per cent. in 1870, to 176 per cent. in 1880, a period when the Acts were in full operation (Speech by Dr. Charles Bell Taylor, *loc. cit.*). Also it has been found that in the Royal Albert Hospital at Devenport, an institution described as being "in the very citadel of the disease" 50 per cent. of the women, who under the voluntary system left there to enter reformatories, dwindled after the passage of the Acts to 13 per cent. (*Westminster Review*, February, 1900, p. 144.)

The reason for this is the fact that the system of regulation is in itself an obstacle to the reformation of a woman leading an immoral life. The unregistered prostitute can reform without having to contend against the disadvantage of her previous life being known, but let her once enter the Government lists and she has placed in her path an insuperable difficulty. It has been well said that over the door of the registration hall stands the motto written by Dante over the gates of Hell "*Lasciate ogni speranza, voi ch'entrate.*"

Dr. Mireur, of Marseilles, in his work on "Prostitution," remarks: "The system of legislation which regulates and legislates the sorrowful trade of the prostitute is, in fact, the sinister stroke by which women are cut off from society, and after which they no longer belong to themselves, but become merely the thing of the administration. They are cut off, not from society only, but from heaven, from hope, and from the power to repent."

Yet more, the terms of all regulations for prostitution are so worded as to leave a wide opportunity for use in such a manner as to inflict an actual injury upon women endeavoring to reform, and drive them back to their former life. The following incident, related by Kingsford in his excellent little book "A critical summary of the evidence before the Royal Commission upon the Contagious Acts" is a case in point.

"Jane Featherston, having refused to sign a voluntary submission, was subjected in April, 1870, to periodical examination by an order from the Canterbury magistrates, and the police ordered her to attend on April 29. She at once left the district and placed herself and her children under the case of the Rescue Society in London. The Society shortly found for her a respectable situation in London; she remained in that situation for eight months and then married. Meanwhile, for not having gone up for examination on April 29, as ordered, the Canterbury magistrate had, in her absence, sentenced her to seven days imprisonment with hard labor and a warrant for her commitment, dated May 2, was placed in the hands of the police. In February, 1871, immediately after her marriage, Jane and her husband went to Canterbury to see her children, then in an orphanage there. On Saturday night, February 4, 1871, Jane, while walking with her husband in the streets of Canterbury, was apprehended by the police (to whom her husband in vain showed his marriage certificate), locked up until Monday, and then sent to Maidstone jail, where she underwent the old sentence of seven days imprisonment with hard labor."

Any law of this kind, no matter how carefully administered, must be open, not only to the abuses just mentioned, but to an even worse evil, namely, the registration and compulsory examination of women who are not diseased, or who may be entirely innocent. All the Acts required was that a policeman or a medical man should lodge information that a certain woman was "*in his opinion*" a common prostitute and

that she was diseased, and she was at once absolutely in the hands of the law. She might deny the charge, it is true, but her fate rested with the police and the magistrate. Would you intrust the person of your New York women to this class? I think not. You well know that here in New York City the policeman on his beat is often a greater autocrat than the Czar of Russia; shall we trust the police of New York, Philadelphia, St. Louis, Chicago and San Francisco, with such power? Again, within a few years it has transpired, during the course of a celebrated French murder trial at Lille, that a number of ruffians pretending to be policemen, had outraged over 500 respectable women.

Moreover, at the time the Contagious diseases Acts were in action in Great Britain the magistrate might do what he was not allowed to do in any other class of cases, namely, hear the evidence behind closed doors, so that the defendant could not, like any other accused, depend on the protection of the public against injustice, through the medium of the public press. In fact, the regulations of prostitution in every country would seem to be constructed on the principle that a prostitute is so lost to every sense of decency that sentiments of common humanity are superfluous in dealing with her.

I hope I have said enough to show how great are the abuses to which any system of regulated prostitution is liable. I shall not pause to cite any of the heart-breaking incidents on record of the sacrifice of reputation, of reason, and even of life itself in innocent persons through its unmerciful administration, with one exception, taken from the *Westminster Review* for February, 1900, in the last of the series of articles upon the failure of the Acts. A poor woman, living in lodgings, was watching a sick child late at night, when, suddenly fearing the child was dying, she hurried into the street to fetch a doctor. On the way she was seized by an *agent de mœurs*. "Let me go," she cried, "my child is dying." "Oh, we know all about that," was the answer, and the man dragged her to St. Lazare. Here she was incarcerated with a number of women under suspicion of practising clandestine prostitution. She screamed, struggled, and implored release, and, at last, as she would not be quiet, she was put in the padded room, where she went mad. From there, a raving maniac, she was sent to the Salpetrière, where she died three weeks later. The child died also.

In the foregoing discussion I have taken my information largely from the facts disclosed concerning the C. D. A. in Great Britain.

In 1868 a C. D. A. was introduced into British India, and although suspended in 1888, it was reintroduced in 1889, as the "Cantonments Acts." The system prevails here under its worst form. The government actually hires houses (*chaklers*), provides women on salaries to conduct them (*mahaldarnis*), and although it does not, so far as I know, actually send out agents to procure women for prostitution, its conduct is tantamount to this, for it encourages a class of men who engage in this profitable industry. These panderers to vice find a rich harvest among the unfortunate class, the child-widows, who, saved by the Government from the Suttee, the time-honored cremation upon their husbands funeral pyres, are left utterly defenseless against the worse fate of being, through social custom and deeply-rooted prejudice, so despised that they are readily sold into Governmental prostitution. A distinguished native, Pandita Ramabai, testified to the results of this system in her "Story of my Life," 1900, p. 153: "The Contagious Diseases Acts, which has again come into force under the name of Cantonments Acts, is a great power on the side of the devil, and enables wicked people to carry on their evil traffic in girls for the benefit of British soldiers. Missionaries and others in their rescue work have found it much more difficult to get girls than to gather boys from the famine districts. Men and women who are engaged in this traffic in flesh and blood were very busy for months gathering girls before any other of the relief works and poor-houses were started. Whenever they saw any of the Christian people, coming to the rescue of the girls, they started such dreadful stories about Christians, that in many cases the girls refused to place themselves in charge of Christian Schools and have gone to their destruction."

As to the success of the Acts in India, I will call attention to the Sanitary Report on India for 1884-5, presented to Parliament in 1886, "Active police and lock hospitals precautions have been in force everywhere and special attention was drawn by us formerly to the apparent success of these measures in Bombay. But the statistics show that, including the period before and after the precautions were introduced, the syphilitic rate has increased from a ten years' average (1870-1879) of 191 per 1,000 to 292 per 1,000 in 1884. Madras is supposed to have an efficient police and a Lock Hospital system, and yet in 1884 its venereal admissions were 485 per 1,000." The Sanitary Report for 1885-6, published in 1887, says: "Each year witnesses to an increase in admissions from venereal disease. From all forms of disease the admissions per 1,000 of strength in 1885 were 343 against 294 in 1884. At all the stations in Bengal, except Barrakpore, the number of registered women found diseased at the periodical examinations and detained in hospital for treatment was greater than in 1884."

As to the system of legalization prostitution in Continental countries—Germany seems to be in the anomalous position of forbidding prostitution by law and then of attempting to regulate it and wink at it.

In regard to France, I will only pause to say that Fournier, the great syphilographer, charac-

terizes the system of regulation there as "*insuffissante, impuissante, et caduque.*" Has syphilis," he says, "ever diminished in frequency during the forty years during which I have made it the subject of my investigations? It is impossible for me to believe that it has after what I have witnessed with my own eyes. Has it, on the contrary, increased in frequency? I, myself, firmly believe that it has done so.

Syphilis, Monsieur Fournier continues, is flourishing in Paris to-day, it abounds and superabounds; the special hospitals are not large enough for the numerous cases, which overflow into the general hospitals. All this, he adds, shows how impotent are the *police de mœurs* so far as the repression of syphilis is concerned. These sentiments are all the more interesting as Fournier was once a strong supporter of the French system.

It may be asked whether, if the inhabitants of Paris, or of other cities, are so badly off with their system, would they not be worse off without it? There is every reason to believe that they would be better off with a voluntary system of hospital treatment.

And yet, with all this evidence that the system of legalized prostitution is effete, it is now proposed to introduce it into Honolulu, and to repeat in a country but recently civilized, the evils and abuses which have been proved to exist in an older, better regulated civilization.

And now as to the remedy for this evil in our midst. As I have said elsewhere ("Right Attitude of the Medical Profession toward the Social Evil," *Journal American Medical Association*, March 4, 1905) but three attitudes are possible, namely:

(1) Indifference; (2) governmental control; (3) an active personal crusade.

(1) Indifference, the attitude of the country up to the present day, has proved a total failure. Under indifference, disease and crime flourish on all sides, and it is indifference, not any system of regulation, which has necessitated this gathering to-night.

(2) Governmental control has been tried in other countries, better regulated than ours, and found ineffectual.

(3) The third plan, an active personal crusade, inspired by a sense of moral responsibility, remains to be tested. But its success depends, not upon collective influences, Vigilance Committees, Social Purity Leagues, etc., powerful adjuvants as they are, but on the quickening of the individual conscience of every man and woman to a profound sense of personal responsibility. Every person within the sound of my voice can contribute to that which is indispensable to the success of this movement toward the suppression of the social evil, namely his own conviction and personal influence. God has so bound us to our fellow creatures that every man is the focus of a little circle which he can influence as no one else can. Our own personal activity, by word no less than by deed, becomes, therefore, a gauge as to the genuineness of our interest; let us then, for a time at least, refrain from trying to shift the responsibility in this matter to the shoulders of legislators in Albany, in Harrisburg, in Annapolis, or in Washington, and let us first demonstrate our sincerity by an earnest personal crusade along the lines of public morals.

Here are some of the essentials in this personal crusade. We must have better provision for the amusement and recreation of our little ones. The city life is being corrupted at its fountain head by want of such prime necessities as playgrounds for our children by means of which we may draw them off from the public streets by offering them more fun and amusement elsewhere. We must provide better ventilation in the homes of the poor. Much of the vice we see around us is bred in the pestilential hothouse atmosphere of dark, dirty, ill-ventilated homes, which induces abnormal cravings in ill-conditioned bodies. Our cities must have more lung spaces, more open areas, where little human plants can bask in the sunshine and exhale the miasm created by close quarters.

Again I say, more air, more sunshine, and more pure water in the homes of the poor. Surely, those who never have an opportunity to escape during the heat of summer to the green fields and the pleasures of the open air, are entitled to a generous share of those blessedly cheap necessities to right and happy living.

We must have more living room in the homes of the poor. Close crowding in our large cities is the source of a great deal of the evil which exists in them. When whole families of six, eight, and even ten persons are crowded into two, or even one bedroom, what chance is there to foster purity? Nay, she is smothered in the birth. Mrs. Lillian W. Betts, in her study of New York tenement life, "The Leaven in a Great City," draws attention in the most forcible manner to this evil. "Privacy is almost impossible in the tenement house home. One bedroom is usually the passage way to the next, if there are two, or both bedrooms are passageways from front to rear of the house and must be used by all the family. Children must grow up in them subject to the limitations, restrictions, and exposures their walls compel. This division of space must fix standards of reserve, of privacy, of social life. No amount of love, nor even of intelligence, can save the children from the evils which such division of space imposes on family life. It deadens the sensibilities. The insidious effects of this are not always realized, even by the intelligent parents, who accept them as inevitable."

The responsibility for this particular evil lies at the door of legislators, owners of real estate, and building inspectors. The landlord is responsible for the conditions under which he makes his tenants live, and he need be no philanthropist

to take a right stand in this matter, for it has been proved that it is possible to construct tenement houses in such a manner as to provide proper light and ventilation, reasonable space, and proper attendance on terms much lower than are usually demanded, and yet to receive a fair profit (four to five per cent.) on the capital invested.

Most important among reforms is the crying need in all our cities for better and more abundant sanitary facilities in the homes of the poor, and also in the factories where they work. The present arrangements are often offensive to the last degree to the sense of modesty and decency, offering opportunities for aggressively evil young men to distress and assault young girls so continually and effectively that the wonder is, not that evil exists, but that so much virtue survives. Moreover, it is true that there are few sources of disease more prolific than the enforced retention in the body of the excreta, which ought to be discharged when nature gives due notice, and should never be allowed to linger and act as foul miasms poisoning all the tissues by reabsorption into the blood.

I quote again on this subject from Mrs. Betts. "One hardly knows whether to laugh or to cry at the inconsistencies of the standards of those who go to Albany to secure the passage of bills for the betterment of the conditions of working people. We have secured a law compelling separate closets for men and women in stores and factories, a righteous measure in the interests of morality. But in the tenements the closets must be used by men, women, and children of several families. A neighborly courtesy is the loaning of the key, to save a weary neighbor a journey up stairs. Children run in from the street, several at a time, for it is the only place provided. This publicity and freedom is the crying evil of the tenements and the one from which tragedies come. The marvel is that so few follow; that in spite, seemingly in defiance, of it all, characters develop that are beautiful, harmonious, true.

"Can one condemn a girl, facing the worst that can befall her, who, under pressure that her necessity justifies, yes, makes necessary, confides that her relations with the man who is the father of her coming child, began when each were little things six or eight years old? A relation that grew out of lack of privacy, the intimacy forced by tenement house conditions. Both families have gone far beyond their social position at the time these two were children, but the blasting of innocency has left its burning scar on the girl, and she must bear the blame alone."

Again, we must recur to that old and yet unrighted evil, the payment of insufficient wages to the mass of women workers. Tens of thousands of our young women in the large cities and in factory towns are so poorly paid that they are constantly under strong temptation to supplement their slender resources in order to buy proper clothes and to enjoy some recreation. Their lives are so arranged that there is a constant object lesson before them as to the ease with which this can be done, if they possess any personal attraction.

I should like to call attention here to the fact that under a system of legalized prostitution the poverty of a working girl may become a source of danger in other ways also. Madame Grandpré, the well-known philanthropist, tells us that some of the *police des mœurs* in Paris have made it a practice to force their way into the rooms of working girls and inquire the amount of their earnings. If a girl mentions a very small sum, the agent will reply, "That is not enough for you to live on, you must be a prostitute; show me your hands." If there are no needle marks on the girl's hands the police will insist that she does no honest work, and although she may protest that she is a florist, a burnisher, or a worker in any trade that does not injure the hands, he can, if he chooses, answer, "No matter, I shall put you on the list and order you for examination" (*Westminister Review*, Feb., 1900, p. 153).

We have also to consider in dealing with this question from a practical point of view, the indifference which men and women in comfortable circumstances display toward the subject. The temptation is great for those who suffer none of those inconveniences and deprivations which their less fortunate fellows endure, to answer when they are reminded of it, "Am I my brother's keeper?" You will remember what was the issue of that question? Does not Cain's next cry strike you with significance when it is considered in relation to the difficulty in which we find ourselves to-day? "My punishment is greater than I can bear."

Our tacitly accepted national motto "Live and let live," has been a devilish one. The fountain of all our woes, political and moral, lies in the lack of personal responsibility on the part of the individual to those with whom he comes in contact—in the lack of any real desire to seek such contact that we may bring a blessing to the lives of others. There is among us no widespread soul hunger to go out and help the need of our fellow men.

I think I speak the truth when I say that class separation has reached such a point that there is nothing the rich so long for to-day as to be entirely freed from the presence of the poor, so as to form a sort of plutocratic society where there shall be nothing offensive, none but their own kind, and no personal contact with those less fortunately situated. This feeling lives at the bottom of the so-called servant problem.

God, however, has graciously and unalterably organized the world on other lines. He has so appointed the conditions of our lives that not one of us can escape from a constant mutual interdependence of all classes. The personal services of the poor must daily invade our doors and penetrate every nook in our houses; if we care for

them in nowise beyond their mere service, woe betide us. Think of these countless currents flowing daily in all our cities from the houses of the poorest into those of the richest, and forming a sort of civic circulatory system expressive of the life of the body politic, a circulation which continually tends to equalize the distribution of morality and of disease. Well has it been said that "no man liveth to himself and no man dieth to himself."

I fear now, in conclusion, that those of you who have given much thought to these things will smile at my naïveté, knowing well by bitter experience that only the illusory dream of youth considers that the statement of a problem is its solution. I am aware that I have not suggested any specific remedy for this intolerable situation. My suggestions thus far have been rather of the order of what I call boot-strap philosophy, that is to say the attempt to fly by catching hold of your boot-straps and pulling hard enough; much like the advice of Mr. Worldly Wiseman to Christian when the latter was sorely troubled by the great burden of sins on his back. "I advise you by all means to get rid of it."

The real difficulty lies in the character of the individuals with whom we have to deal. What power will give control over his passions to a man, who never, from his earliest childhood, has been taught the first principles of self-control?

There is an answer to this question, clear, satisfactory, and very real; and it is the only answer. It is definite faith in God, a faith which leans upon Him at all times for grace and strength to do that which we otherwise could not do. Now, I am sure that if I proclaimed some new *ism*, some fresh system of philosophy by which men were to be elevated, I should have thousands of willing hearers. Then why not come back to the one source of all real strength and of purity, to Him whom our Fathers have tried and never found wanting. The very coins you carry in your pockets and which you give and receive daily proclaim "In God we Trust;" make that trust a real living fact in your lives and then you will be able to bring to the lives of others that which will make for peace, beauty, happiness, and every kind of right living. I stand ready to join hands with my friends in attacking this great problem by any and every right way, but for my own part it must be with the distinct understanding that I am ever seeking to bring those who know Him not, to God, without whom no reform is ever true or lasting.

Bronze Memorial to Dr. E. A. de Schweinitz.—A handsome bronze tablet, 2x3 feet in size, with suitable inscription, has been placed in the main hall of the Department of Medicine, George Washington University, to the memory of the late Dr. E. A. de Schweinitz, who at the time of his death was Dean and Professor of Chemistry and Toxicology. This tablet was erected by members of the faculty and by the medical and dental classes of 1904, 1905, 1906, and 1907.

THE PROPHYLACTIC VALUE OF NORMAL MARRIAGE.

BY ANDREW H. SMITH, M.D.,
OF NEW YORK.

THEORETICALLY the preventive against the evils this society is formed to combat is marriage, and so much reliance is placed upon this that but for the lessons of every-day observation we might be inclined to dismiss the offender and the subject with the injunction: "Marry and sin no more!" Indeed, this seems to have been the course advocated by St. Paul, whose prophylactic prescription was "Let every man have his own wife, and let every woman have her own husband."

But in monogamous nations the world has had the benefit of this prescription since centuries before the time of St. Paul, and yet these evils continue to exist, and in such an appalling degree as to call for legislative "regulation of vice," "lock hospitals" and more stringency in divorce laws, and all these failing, for the formation of societies such as our own. Nor is it that the remedy is not applied. All over the civilized world the marriage bells never cease to jingle or jangle, as the case may be, but the relief is not yet. Obviously from this point of view, at least, marriage is a failure.

But a very cursory examination of the subject will show that there are two kinds of marriage, and that it makes all the difference in the world which kind is under consideration.

Marriage is either *normal* or *abnormal*. The former I would define as the union between a man and a woman, both in sexual health, which union is prompted in the first instance by the natural inclination of the two sexes, one to another, and is determined in each particular case by the presence in each person of qualities that excite the admiration, esteem and affection of the other. Normal marriage must have a physical, or, if you choose, a physiological, basis in the sexual instinct. A platonic affection, no matter how deep or strong, could never result in a normal union, nor could a union dictated by policy alone ever be otherwise than abnormal.

Starting then, from this basis of instinct, normal marriage grows out of reciprocal appreciation of qualities that are mutually pleasing and attractive; qualities in each that in the estimation of the other sets him or her apart as the object of an exclusive regard, and as filling a place that no other person can occupy.

Persons so united may be expected to find such physical and psychical satisfaction in each other as will not only keep them true to the marriage tie, but will illustrate the highest and most abiding type of human affection. And this is commonly the case. The picture of Darby and Joan is one we see daily in real life. Such marriage has been glorified by being selected to typify the union of Christ with His Church.

Now, in the education of young persons of either sex, normal marriage should be presented

as the natural prospect before them, as the thing that more than anything else will bring them happiness—the thing absolutely most important in their lives; a thing most solemn, most sacred, a thing that is to determine their earthly destinies and to influence their posterity for all generations. Particularly should this be impressed upon the young man, and his mind should be imbued with high ideals in connection with the subject.

He should be reminded that some time he will ask for the hand of a young woman in whom he will expect absolute purity—purity in thought, purity in word, purity in deed; that every chivalric sentiment should revolt at the thought of laying at her feet a life less pure than that he expects of her, that as he would smite to the earth one who would question her stainlessness, so he would challenge his own heart as her stainless knight, and pass judgment upon himself if he did not meet the ordeal.

The young should be taught that the man who would sell himself for money or the woman who would sell herself for a title has hopelessly degraded the higher nature, and is shut out from the aristocracy of self-respect.

Normal marriage could thus be made to cast its light before; and the youth trained in chivalric ideas would keep himself pure for the, as yet unknown, mistress of his heart. Purity of thought carries with it physical purity, and to this he would be the farther stimulated by regard for posterity, to whom he would wish to transmit not only untainted blood, but also unsullied traditions. In this he would only be following at a distance the Japanese, who, in worshipping his ancestors, realizes that he in turn is to be worshipped by those who come after him, and deems that death by his own hand is the only expiation that can avert a stain upon the succession if he prove unworthy.

The fact of normal marriage being such a protective influence is a powerful argument for early marriage. The sooner a young man comes under its ægis, the more likely he will be to pass through early manhood unsullied. But early marriage is often impracticable, and in such cases I am an earnest advocate of early engagements. How a young man is carried safely through university life, including perhaps a period of residence among the corrupting influences of European capitals, simply because of a pure attachment for a pure maiden who trusts him, any one who has had the opportunity to observe, or has perhaps himself experienced, need not be told. And if there is anything on earth that Heaven smiles upon, it is an influence like this.

But let us look for a moment at the other kind of marriage, the abnormal. As the one we have just been considering is physiological, this is essentially pathological. Very often the physical basis is wanting on one side or the other, or if present, exists in a perverted and perhaps a repulsive form. Very often it has gone down in the general wreck which disease has left. At the best, it is not supplemented by any personal qualities that attract the respective parties to each other. The only end in view is a sordid one, based upon the expectation by each of material or social advantage to be gained at the expense of the other. This expectation is commonly disappointed, and the yoke which it was thought might be endurable becomes day by day more irksome, and at last is thrown off entirely. Indifference is now exchanged for animosity, and not infrequently disregard for public criticism opens the way to the gratification of every passing fancy until nothing but a moral and social wreck remains. True, if there is money it may buy a divorce and perhaps buy another partner. It may also preempt a place in the ranks of the gilded nastiness known as the fast set, and thus the maleficent influence is reinforced.

This kind of marriage is perhaps as potent for evil as is the other for good. It were far better for public morals if the parties to it remained single, and stood before the world for what they were, rather than that they should degrade the noblest of human relations to the meanest of human ends.

And now a word especially for mothers. The young girl should be taught by her mother the dignity and sanctity of normal marriage, and the degradation and the physical danger of abnormal marriage. As to the latter point it should be explained to her that innocent wives by thousands receive from infected husbands diseases of a wellnigh incurable character, that not only make their lives permanently wretched, but will descend inevitably to any children they may bear. Let her be taught to distrust a man who talks flippantly about marriage, or whose bearing toward the opposite sex is other than that of respectful deference. Romantic young women are apt to see an embodiment of chivalry in any good-looking man who seeks their acquaintance, and they should be made to promise not to allow themselves to become in the slightest degree interested in any man without the knowledge of their parents.

Upon the first sign that a man has singled out their daughter for special attention that man should be required to desist from his attentions until he shall have satisfied the father as to his freedom from venereal taint. An attempt to evade this issue should be accepted as a confession of guilt, and the turpitude of such evasion should be brought home to the daughter's consciousness. If the girl has previously had the matter presented to her in the abstract she can be depended upon to act wisely when the concrete illustration is put before her, whereas, without such previous teaching, her course could not be predicted.

Normal marriage is the strongest influence that exists as a preventive of immorality and of the diseased conditions growing out of immorality. But it is only when it is broadly differen-

tiated from marriage in general, and placed in contrast with abnormal marriage that we fully appreciate its prophylactic value.

That that value can be greatly enhanced by a general dissemination of information upon subjects most important, but about which the public is most ignorant, is the chief *raison d'etre* of this and similar societies. That the young can be trained to higher ideals in this regard, and that a weighty obligation rests upon those whose office this is; that the time has come when false ideas of modesty must give way to the plain duty of protecting the innocent and guarding the unwary and exposing the infamous; that the remedy for existing social evils lies in education rather than in legislation; these are the convictions which it is the object of this paper to present, and upon which I would most earnestly insist. A great deal will have been accomplished from the moment when it shall generally be conceded that these are legitimate subjects for public discussion.

THE NEED OF SEXUAL EDUCATION.

BY E. L. KEYES, JR., M.D., PH.D.,
OF NEW YORK.

A FEW weeks ago I had the pleasure of listening to a discussion of the ways and means of preventing certain diseases, and toward the end of the evening a clerical gentleman, the pastor of many souls, arose and with every intention, I believe, of rendering the medical profession a sincere compliment, told us that if we would only busy ourselves about the prevention of other diseases as well as those under discussion, there would soon be none left. He evidently thought that the idea of prophylaxis was then and there for the first time seeing the light, and he wished to hurry along and help warm the baby.

Such is the ignorance of enlightened men. Such, I venture to state, is the ignorance of you and me upon the present trend of theological opinion; but God forbid us the temerity to exhibit that ignorance in public!

But, on the other hand, you know a great deal about preventive medicine. Doubtless many of you can recite the names and deeds of the prophylactic hierarchy from Jenner down to Reed much better than I can. Yet I have come here to-night to enlighten some of you, to encourage all of you, to lend a helping hand in the youngest branch of the young science of prophylaxis. I appeal for the prophylaxis of venereal diseases.

Inasmuch as this subject must be entirely new to a great number among you, I take the liberty of treating the elements of the question, with due apology to those who already know.

In the first place, let me assure you of the importance of the venereal peril. On syphilis I need scarcely insist; for you surely appreciate not only the lesions of bone and brain produced by that disease, but also the tragic horror which so often afflicts the patient who is told—as he must be told—that he never can be absolutely and infallibly assured that his disease is ended. Yet the frequency of syphilis perhaps you do not all appreciate. What has impressed me most is, not the statistics that tell how one in ten New Yorkers, or one in four unmarried males, aged thirty years, in Berlin, is syphilitic. Such estimates are large and vague and doubtless inaccurate; they do not grip one. But consider rather the fact that very many of our more aristocratic patients acquire their disease from what one might term an unimpeachable source. Tell them they have chancre, and they retort, "It is impossible." They do not deny sexual contact, but they do deny the possibility of contamination from so unsullied a source. They would deny that one who is kind to two may be generous to twenty; they maintain an exception to the law that "No woman, however beautiful, can give what she has not got."

Such fatuousness may make you smile, gentlemen; but 'tis no joke for 'a that.

Another proof, perhaps even more forceful, of the frequency of syphilis has been often called to my attention by my associate, Dr. Chetwood. It is his custom to read the riot act to those casual youths who return again and again suffering from gonorrhea, telling them, "Young man, if you keep on, in less than three years you will be back here with syphilis!" and sure enough, in the great majority of cases, three years do not roll by ere they prove the prophecy correct.

From these facts one may conclude that illicit intercourse is never safe from the danger of syphilis, while promiscuity invites it almost to a certainty.

But gonorrhea is the rock upon which we split. Its frequency we all admit; but its importance—its great importance—as a destroyer of health and home is not appreciated as it should be. But to discuss this subject, which has been often and ably discussed already, would lead us too far afield. Let us only paraphrase the saying of Ricord, "A clap begins and God only knows when or where it will end."

They wreck many lives, do these venereal diseases. Think of the tabetics in our streets, the paretics in our asylums, the dead or disfigured children; think of the laparotomies for pus tube that occur daily in our hospitals; think of the impotence, the sterility, the sexual neurasthenia that fill our offices with vagrants wandering from physician to quack and back again in the vain hope of a cure!

Think of all this, and tell me why this suffering? Why these loathsome diseases? The answer is easy: Because of promiscuous sexual congress. And why promiscuous sexual congress? Listen well to the answer, for I expect many of you to disagree with me. I suppose many of you believe in your hearts that old, old fable about the adult male needing intercourse for his health. Indeed I fear that many of you are listening with cynicism in your hearts, that you are

thinking, "Oh, well, it's largely a matter of taste; some prefer one way and some another; those who don't have intercourse probably do worse." Well, gentlemen, that's true. It's perfectly true; but it ought not to be true. I wish you had heard all the discussion on this subject the other night. But since you have not, I commend for my present purpose to you a paper entitled "The Sexual Necessity," which will soon appear in the MEDICAL NEWS.

But I have not answered my own question yet. I have not told you what I consider the reason for promiscuous sexual intercourse. It is a habit, just the same sort of habit as smoking or drinking. A habit, tolerated if not encouraged; a habit, like smoking or drinking, though far easier to begin and far harder to break.

Just stop and ask yourselves what prompts a boy to his first illicit intercourse? Let us suppose, of course, that he has not grown up in the habit, that he has escaped seduction by nursemaids, and has not been taught to masturbate by his companions until, reaching years of some discretion, somewhere between the ages of fifteen and twenty, he "goes out with the boys." Why does he do it? Why does he take the first step in a habit which may last his whole life long? Often enough because he is just drunk enough to follow where others lead; oftener still, because he is afraid to refuse, because he thinks it is manly, because he knows the other fellows do; rarely, very rarely, I believe, does a young man open his sexual life in this way solely under the impulse of his passions. The sexual impulse, be it ever so strong, is like the impulse of the drunkard, feeble enough so long as he has never touched his liquor; but let him once get the taste in his mouth, let him run his lips warm and wet along the edge of the glass, let him smell the aroma after he has acquired the taste—ah, there is passion full-blown, if you will!

And just here is where practice grapples theory. Can't we get at that young man to prevent his initial debauch? Perhaps yes; perhaps no. I am not at all sure but that, if every boy in this world were given the best possible chance of avoiding venereal disease, more than half of them might not go ahead and get infected anyhow. But the point is, they don't get the chance; your boys don't get the chance; you yourselves didn't get the chance when you were boys. Just hark back and call to mind how sexual matters were first explained to you. For my part, I can well remember the pair of rabbits that constituted the physiologic clinic upon which my young instructors lectured.

And all those smutty tales, magnified by the groping imagination of youth! What a distorting, debasing influence they have! How they prepare the mind to take a low, vulgar, shameless view of the sexual life that is just dawning.

And to these influences we oppose what? Absolutely nothing. We read our boy the ten commandments, and he nudges his companion and chuckles as we reach the seventh. Aye, even delves into the Bible for those passages, the memory of which is handed down among boys from generation to generation. But we endeavor to forget the seriousness of these things when we grow up. We make no effort to keep our own boys out of the same old, muddy rut.

But, if you ask me to quit this theorizing, to come down to hard facts, to tell you how to approach the boy, how to get him into a clean way of thinking, I must confess I do not fully know. A lot of disconnected points I have picked up. I know that you can't teach a boy morals out of a book—he will take it into a corner and make fun of it with his friends; you can't teach out of the mouth of a woman, his innate sense of decency rebels at that; you can't lie to him, he will find you out; you can't scare him much, he won't stay scared. On the other hand, there are a lot of things you can do. You can appeal to his manliness, to his inborn sense of decency, to his sense of physical cleanliness or of religion. But the appeal must reach him with authority and with dignity. It must be directed, as much as possible, to that particular boy rather than to boys in general.

These are vague points that I allude to. In some of them I may be mistaken. Indeed I am only the veriest student of these matters. I have been thinking them over seriously only since I became interested in the Society of Moral and Social Prophylaxis. And the more I study the matter, the more it appeals to me, the more real, practical good I can see will come out of it.

I have covered only one side of the vast subject which the Society of Moral and Social Prophylaxis aims to attack. Its object is to clear up ignorance of every shade, the ignorance of the prostitute who thinks the way to rid herself of venereal disease is by intercourse with a virgin, as well as the ignorance of the young lad who knows not how to interpret the first stirrings of sexual life; the ignorance of the man who thinks he can marry within one year of his chancre, as well as the ignorance of the boy who looks forward to his first gonorrhea as the portal to true manhood.

The time is ripe for these things. Twenty years ago the discussion of matters sexual was too filthy for a Medical Society; to-day even the laity can take part in such discussions with an intelligent, clean interest; the clergy of every denomination are in sympathy with the movement. But it is for the Medical Profession to take the lead. Without you to keep the Society correct in its physiology and in its psychology, it could not discern correctly the straight path of its best endeavor. That is why Dr. Morrow and I are here to-night, to enlighten you a little, to interest you much in a work rather moral than medical, in a work, which, if energetically conducted, cannot fail to produce great good in the souls as well as the bodies of our fellow men.

Perhaps some of you are still skeptical. You

think the old Adam will be too strong for us. Indeed, I confess to such skepticism, in some degree, myself. I have no idea that the Society of Social and Moral Prophylaxis, or any other society, will turn us out a race of passionless seraphs. But I do believe, with all my soul, that we are not giving our children or our fellows a fair share of the enlightenment which we possess, or ought to possess. They have a right to freedom and all means necessary to its attainment; they have a right to virtue and health and all means necessary to their attainment. The practical difficulties in the way of imparting this necessary knowledge in such a way as to produce a good moral effect are great, but not insuperable. And to present the evidence is about all we can do. Then if the man wills with his eyes open to go the old evil way, he will, at least have had an opportunity for enlightened choice not afforded by our present system.

The results of such a propaganda will be slow to show themselves—of that we may be sure. Perhaps the Society for Social and Moral Prophylaxis itself may wither under public indifference or contempt before its mission is fulfilled. But its spirit will not die. The rumor must spread; it must interest brother and son as well as mother and wife, prelate and physician and father of family. I cannot doubt that, in the end, it will produce a marvelous change in public spirit—that, as it was the triumph of the eighteenth century to make seduction unfashionable, and of the nineteenth to make drunkenness unfashionable, so it may be the glory of the twentieth to make the law of public opinion the same for man as for woman.

REPORT ON GALL-BLADDER SURGERY, WITH ESPECIAL REFERENCE TO EARLY DIAGNOSIS AND EARLY OPERATIVE INTERFERENCE IN CHOLECYSTECTOMIES, WITH BRIEF SUMMARY OF TWENTY-EIGHT CASES, INCLUDING SIX CHOLECYSTECTOMIES.[1]

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(Continued from Page 1130.)

Case XII. Impacted stone in cystic duct, with hydrops of the gall-bladder. Operation: Cholecystectomy No. 2. Cured.—E. M. S., aged thirty-five years. A little over two years ago this patient first noticed present symptoms; two years last February, following confinement, patient noticed present trouble; a lump in her stomach; this so-called tumor gradually grew larger; pain was not constant and not great in severity. Patient came to the hospital on account of nervous trouble and for the tumor, being sent in with a diagnosis of a possible ovarian tumor; states that she has considerable trouble with distended stomach and indigestion. Upon examination a definite palpable mass was revealed, which extended from the region of the gall-bladder well down toward the pelvis, and could be moved about freely in the abdomen; it was not painful to the touch. Date of operation March 25, 1903. Usual incision for gall-bladder operation was made through right rectus and abdomen; found a large, oval, non-adherent tumor connected with under surface of liver by pedicle; there was an enormously distended gall-bladder, in which no inflammatory process had taken place. In the cystic duct a large smooth gall-stone was tightly impacted. The gall-bladder and stone were removed intact, by stripping a portion of the peritoneum from the gall-bladder to act as a covering for the denuded surface of the liver. The stump, which was formed by the proximal portion of the cystic duct, was turned in and sutured over, just as one would an appendix stump. Abdomen was closed without drainage. Patient was discharged April 18. Result, cured.

Case XIII. Acute cholecystitis, with empyema and perforation of gall-bladder. Operation: Cholecystectomy No. 3. Cured.—J. J. (colored), aged twenty-nine years. Present history: On March 4, 1903, patient was taken ill with sharp pain in epigastrium, paroxysmal in character, each attack lasting fifteen or twenty minutes. Following this the pain became dull in character and constant, radiating off from the gall-bladder region to his right shoulder. On entering hospital a large definite mass in right hypochondriac region over gall-bladder was noted and a diagnosis of empyema of gall-bladder was made. Leucocytosis, 16,000. Operation April 1, 1903. Opening made down over mass, an abscess opened into and perforation of gall-bladder was noted. There was one large stone in gall-bladder which was practically gangrenous. Adhesions were separated, gall-bladder freed from the liver and extirpated, a complete cholecystectomy being done. After dissecting it away from the common duct, no opening could be found between the cystic duct and the common duct; it was freely tucked with gauze for drainage, and rest of the wound closed. Patient made an uninterrupted recovery. Left hospital May 1, 1903, cured.

Case XIV. Cholecystitis. Operation: Cholecystotomy. Died one week following operation, from hemorrhage.—G. B. M., aged thirty-four years. Patient had been ill for a long time with obscure symptoms, following typhoid fever. At time of my visit she had complained of great pain in region of her gall-bladder, with considerable vomiting, and her doctor and consultant, who were leading medical men in the city, thought it had to do with an inflammation of the gall-bladder. Operation July 28, 1903. She was markedly emaciated, had lost resisting power by continual vomiting and her condition was very unpromising. Her gall-bladder was uncovered and found somewhat distended. No evidence of any marked inflammation about it and not much thickened; upon opening it, it was found to be filled with a dark thick fluid bile, but no stones were found in either the gall-bladder or ducts, nor any obstruction in the ducts, and very slight

evidence of inflammatory trouble in the gall-bladder. Drainage was instituted and she did well for some days, but as the packing was being removed by my assistant, at the end of a week, bleeding was started up, which became persistent, in the gall-bladder and the wound around, and the hemorrhage continued to ooze from this surface and grew more and more profuse. Nothing seemed to stop it, and a fatal issue was the outcome on August 5, from hemorrhage.

Case XV. Carcinoma of common duct and liver. Exploratory operation: Left hospital in same condition.—V. J. M., aged sixty-two years. Brought to me for gall-stone disease. Had been ill with progressive emaciation and pain in the gall-bladder region for some months; evidence pointed to carcinoma, not only of the gall-bladder, but of the liver, and on November 18, 1904, an exploratory operation was done under ether. Corcinoma of the common duct and liver was found and no operative proceedure undertaken; abdomen closed; healed under one dressing; patient left hospital in same condition.

Case XVI. Acute infection of gall-bladder. Operation: Cholecystotomy. Cured.—L. H., aged thirty-seven years. Admitted to St. Joseph's Hospital on June 26, 1904, with great pain in abdomen over his right hypochondriac in the neighborhood of gall-bladder; palpation over gall-bladder showed marked tenderness; this had been persistent for some days and associated with temperature, pulse, and leucocytosis. Operation June 26, 1904, cholecystotomy and an appendectomy done for chronic appendicitis. The gall-bladder was found acutely distended; was opened, and a large quantity of dark ropy bile evacuated; no stone found in gall-bladder or common duct. Result, cured.

Case XVII. Empyema of gall-bladder; acute perforation; localized peritonitis. Operation: Cholecystectomy No. 4. Cured.—M. F. (colored), aged twenty-five years. Patient taken acutely ill on July 3, 1904, with severe pain in region of gall-bladder, associated with persistent vomiting; sent into hospital with a diagnosis of appendicitis; pulse 120, temperature 104° F. Leucocytosis, 18,000. History of having had attacks of similar character, of less severity, previously. Operation July 9; ether; right rectus incision. When peritoneum was opened adhesions were found behind the peritoneum and gastrocolic omentum; continuing the separation of adhesions at this region I evacuated a quantity of foul-smelling pus; perforations were found in the fundus of the gall-bladder, as well as perforations off through the gall-bladder into the liver; the gall-bladder was so necrotic and gangrenous that I determined to do a cholecystectomy. In stripping the gall-bladder away from the liver, a large area of liver, immediately adjacent, proved gangrenous and came away with the gall-bladder. The gall-bladder was tied off at the cystic duct where it joins the hepatic duct, and the entire gall-bladder and cystic duct were taken away, with a large section of the liver; bleeding from the liver surface was controlled by gauze packing; wound closed up around the gauze drainage; patient made an uninterrupted recovery and left hospital entirely relieved.

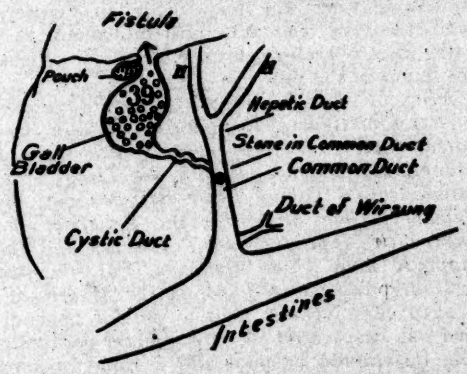
Case XVIII. Chronic Cholecystitis: Cholelithiasis; Gall-Bladder immensely thickened and infiltrated; some sections of it being about on inch and a half thick. Cholecystectomy No. 5. Cured.—R. T. A., aged forty-nine years. Had been sick five months with pain in region of gall-bladder and stomach symptoms for some weeks; was under care of Dr. Hemmeter for stomach disorder during that time; he suggested the diagnosis of gall-stone disease. Operation September 29, 1904, at University of Maryland Hospital. Ether; right rectus incision, costal border well below umbilicus; gall-bladder covered by dense adhesions; small intestines and stomach all found adherent to gall-bladder; on separating adhesions gall-bladder was found much thickened, stiffened hard, and stone in common duct; removed entire gall-bladder; tied off the cystic duct with catgut; whipped up the bleeding liver surface with catgut; left gauze tucking in where duct was ligated, and closed abdomen up. When gall-bladder was opened one large stone was found embedded in the wall of the bladder, which was was over a half inch thick. Microscopic sections showed it to be a chronic cholecystitis. Result, cured. There was no leucocytosis; no increased temperature or pulse, and a diminution of red blood cells and hemoglobin.

Case XIX. Cholecystitis and Liver Abscess. Operation: Opened down over gall-bladder and drained large liver abscess. Cured.—J. D., aged sixty-five years. Entered University of Maryland Hospital September 16, 1904, with supposed gall-bladder disease. Past history: Thirteen years ago had severe attacks of gall-stone colic, extending over a considerable period of time, during this time there were several dozens of stones passed through the bowel, from the size of a large pea, and larger. Since that time has had pain occasionally in liver region, but no more discharge of stones. About September 1, was taken ill with pain over region of gall-bladder, sharp and lancinating and gradually became, over to the left, a dull, aching sore place, immediately over gall-bladder, which was tender to the touch; considerable vomiting and some little jaundice: two distinct chills, first two weeks sweating and fever going to 102° F. Upon entrance to hospital her urine was found very scant, considerable albumin and casts and her condition was so unpromising that a surgical operation was deemed inadvisable at time of entrance; diagnosis given was suppurative condition, having to do with gall-bladder, probably stones. A marked leucocytosis was noted, 12,400. I was away at the time she was brought to me, and when I returned I found that by careful treatment her condition had improved; her urine had increased in amount and her general condition was somewhat better,

but she had marked tenderness over the gall-bladder, and on October 1, under chloroform, the operation was performed; right rectus incision was used; gall-bladder uncovered, no stones were found, very slight amount of inflammation noted in the gall-bladder, but some adhesions were noted above the fundus of the gall-bladder off toward the liver. On freeing these adhesions pus was evacuated which came from the abscess in the tissues of the liver, midway between the gall-bladder and the diaphram and extending up to the diaphram; no stone was found; abscess opened freely and drained. Wound was closed up to the point of drainage and all went well. She left hospital in four weeks' time entirely healed.

Case XX. Choledo-Cholelithiasis. Operation: Cholecystectomy and Choledochotomy. Cured.—P. McD., aged sixty-seven years. Patient has had a biliary fistula for fourteen months, from which he had continuous discharge of bile, and at various intervals a number of gall-stones have worked their way out. The fistula is directly

FISTULA OPENING ON ABDOMINAL WALL.



over the region of the gall-bladder, and patient thinks that it came following the use of a brace and bit, that the brace pressed upon him at this point and gave rise to this trouble. He gives a history, however, of having had jaundice some years prior to this supposed injury. I do not regard the patient's theory as having anything to do with this trouble. I am of the opinion that he has had gall-stones for some time, and engrafted upon this he has had an infection of the gall-bladder, which went on to suppuration, in other words an empyema of the gall-bladder formed and a perforation occurred through the abdominal wall, leaving him this fistula. For many months it discharged pus alone, then after the drainage had gone on for some time, the inflammation in a measure subsided, and the discharge coming from the fistula has since then continued to be clear bile. On October 21, under ether, I opened his abdominal wall to the left of the fistula, through the right rectus muscle, found many dense adhesions tied to the mesentery of the colon and the omentum over the gall-bladder, shutting it in such a way that it was difficult to find. These were separated by ligature, the gall-bladder uncovered, and my hand passed down to the foramen of Winslow, revealing a large stone in the common duct; the gall-bladder was full of stones, 39 in number, and closely adherent to the abdominal wall. A little pouch had formed in the abdominal wall, connecting with the fistula, in which a number of small stones were found. I separated the gall-bladder from the liver, traced it down to its entrance in the common duct, put a large hysterectomy clamp around the fundus of the bladder, where opening went into abdominal wall, cut it loose from the abdominal wall, then took it away close down to the common duct, thereby performing a complete cholecystectomy. A small incision was made over the common duct, and the stone evacuated. The opening into the common duct was sutured with catgut sutures; the raw surfaces on the liver from which the bladder was dissected, sutured up with catgut sutures, gauze drainage let down into the opening into the common duct; the fistulous tract in the abdominal wall was dissected out, and the abdomen closed up around a gauze drainage. Patient had a very tedious recovery; been practically ill ever since the operation, and was delirious for some weeks following operation; tissues around his wound were infected and it was hard to keep the wound open so that the bile would drain. Slowly he got better; wound closed, save for a small place near the costal border; he has been steadily gaining in strength and getting about the ward for some weeks past; a short while ago it was noted by the assistant that he had a necrosis of the costal border; under cocaine, February 10, I opened down on the costal border of his thorax on that side and found necrosis extended some distance, involving the cartilage corresponding to third or fourth rib. This I removed and curetted out the various sinuses which were connected with one another; tucked it freely with gauze and left the wound widely open. He is doing very well, and March 5, was allowed to go to his home in West Virginia. Patient's condition when he left hospital was most promising, having practically entirely recovered and regained his strength.

Case XXI. Carcinoma of Gall-Bladder and Liver. Operation: Exploratory Laparotomy. There was so much involvement of the liver that no operation was done. Died.—E. L., aged sixty-five years. Patient had been sick for several months, attended with emaciation, jaundice and distended gall-bladder; exploratory incision was made, under ether, but carcinoma was found obstructing common duct, and there was marked involvement of liver, with carcinomatous nodules all through it; abdomen was closed without attempting any operative interference. Patient was very weak when operated upon and died from exhaustion about a week after operation.

Case XXII. Carcinoma Common Duct and Liver. Operation: Exploratory Laparotomy. Un-

improved.—A. R., aged sixty-eight years. She had been ill with jaundice, intermittent attacks of pain, with distinct chills, with high temperature following; had been jaundiced for last two months, progressively emaciated and had become very weak from vomiting and want of nourishment, which they had been unable to give her. I was called to see her because she was thought to have gall-stones. She had a progressive jaundice, which had been deepening the last four weeks; and, as said before, she had been steadily losing in weight and in strength. I gave it as my opinion that it was more than likely malignant; advised an exploratory operation. She was sent to University of Maryland Hospital, and under ether I opened abdomen and found above-mentioned trouble; distended gall-bladder and carcinoma of common duct and liver; liver considerably enlarged; no stones found in gall-bladder or common duct. Result, unimproved.

Case XXIII. Carcinoma of Gall-Bladder, Common Duct and Liver. Operation: Exploratory Laparotomy. Unimproved.—J. McD., aged fifty-four years. Called to see patient September 2, 1904; found her with a palpable mass, which was tender to the touch, in the region of her gall-bladder, lower border of the liver could be made out; gall-bladder was distinctly distended; the past history of interest in this case is that thirteen years prior to my visit she was operated on by Dr. L. McLane Tiffany for carcinoma of the breast. Between that time and several months before my visit to her she remained well, no evidence of any metastasis, and as she had gone so long following the operation for breast carcinoma, it seemed rather improbable that she should have a metastasis this late, so she was given the benefit of iodide of potash in large doses, going up to 125 grains three times a day, without any improvement. The early part of November she became markedly jaundiced and showed evidence of increase in palpable mass in her gall-bladder region. On November 9, at University of Maryland Hospital, under ether, exploratory was done, more with a view to clearing up the diagnosis than anything else, as I felt confident then she had carcinoma of the liver and gall-bladder. Exploratory laparotomy revealed marked and very extensive carcinoma of the liver as well as a markedly distended gall-bladder which had nodules of carcinoma in it and an obstructed common duct, due to carcinoma. The abdomen was closed without any operative interference; wound healed under one dressing and she left hospital unimproved.

Case XXIV. Liver Abscess and Infiltrated Gall-Bladder. Operation: Free drainage of liver abscess by an opening in the front; and in the back by resecting ribs and draining through and through. Cured.—M. P. H., aged thirty-seven years. Patient entered St. Joseph's Hospital, suffering with a large, palpable mass over the gall-bladder region and liver. History was that he received an injury over costal border on right side, which he had had treated at Hopkins Hospital for fractured ribs; did not improve, but continued to have trouble from date of his injury until time I saw him. Shortly after his so-called injury he gives a history of having had a mild attack of dysentery. Under ether, an opening was made down in front, just below costal area, just over the liver; this was uncovered, needle passed down into liver and pus evacuated, seeming to the feel as though it were in a large cavity; with the knife I made a good incision through the liver substance down into the abscess cavity, found a huge abscess running down into the back; tenth and eleventh ribs were then resected back toward the spinal column and the liver incised through until the abscess cavity was reached; this wound was enlarged and fully three quarts of pus were evacuated; a large drainage tube was then run through from this opening through the abscess and out from the opening in front so that there was through and through drainage; another large tube was run down through the front incision into the abscess cavity into the liver; this drainage was kept up for a considerable time; the man made an uninterrupted recovery and left hospital about two months after operation entirely well. No ameba were found in the pus.

Case XXV. Large Abscess of Liver, Following Attack of General Peritonitis, Due to a Perforated, Gangrenous Appendix, Which Opened Through the Diaphragm into the Lung, Free Communication Taking Place Between the Abdominal Incision Made for the Relief of the Gangrenous Appendix and Peritonitis and the Mouth, so That When Abdomen Was Irrigated the Water Came Out Through the Mouth.—F. R., aged eight years. Sent to me for appendicitis; was desperately ill with general peritonitis when he entered hospital and a rapid opening was made into his abdomen. He was found to have a gangrenous appendix, with a general peritonitis, no walling off whatever; pus squirted from his abdomen from all quadrants when the abdomen was opened; he was drained, and several weeks afterward found to have enlargement of his liver and supposed gangrenous pneumonia. He grew very ill, ran a very septic chart, and became emaciated down to a skeleton; about three weeks after operation, while the abdominal wound was being irrigated a quantity of pus came up through his thorax through his mouth, and an immense abscess was evacuated in this way; after this fluid went through from the abdomen through the liver abscess and the lung abscess and out through the mouth. Explanation of it is that a septic phlebitis ran up from the pus of the appendix to the portal circulation, producing a liver abscess; this perforated through the diaphragm and a septic pneumonia occurred which broke down and the liver abscess was drained through the lung; after this free drainage occurred, the patient gained steadily and made a very excellent recovery.

Case XXVI. Large Abscess of the Liver (amebic). Operation: Opened Freely and Drained. Cured. J. H., aged thirty years. Entered University of Maryland Hospital with a large mass over his liver and gall-bladder region; opening was made down over liver and revealed a large liver abscess; drainage was also made from the side by resecting a rib and drainage instituted there. Examination of pus revealed the ameba. Made an uninterrupted recovery.

Case XXVII. Cholecystitis, Perihepatitis and Definite Nodules Through Liver, Doubtless Syphlitic in Origin. Operation: Exploratory Laparotomy.—H. W., aged thirty-four years. Patient has been sick since August, 1904, with pain in region of gall-bladder, and there was a definite mass (palpable) to be felt in this region. I operated March 2, 1905; under ether, opening made through right rectus, many adhesions separated; an enlarged liver found, no stones in gall-bladder; nodules in the liver were noted; no reason was seen for opening the gall-bladder, so abdomen was closed. Nodules in the liver were thought to be gumma, more than likely. Patient healed under one dressing, and is improving at St. Joseph's Hospital now, under use of iodide of potash.

Case XXVIII. Acute Cholecystitis; 958 Gall-Stones Removed from the Gall-Bladder. Operation: Cholecystotomy. Cured.—I. W., aged sixty years. Sent into hospital for appendicitis; I found her with a palpable mass in region of her gall-bladder and suffering with attacks of violent gall-bladder colic; temperature and leucocytosis. Under ether, abdomen was opened, gall-bladder was found adherent to surrounding parts, omentum, stomach and colon were tied up to the fundus of the gall-bladder by adhesions; these were separated off by ligatures and gall-bladder opened; 958 stones removed. A drainage tube was inserted into gall-bladder and gall-bladder tucked off with gauze, not sutured to the parietal peritoneum (as I never make use of the method of suturing the gall-bladder, simply tuck it around with gauze and allow adhesions to shut it off). Abdomen was then closed up around the drainage. Patient made an uninterrupted recovery.

MEDICAL PROGRESS.

SURGERY.

Technic of Transplanting Thiersch Skin Grafts.—Thiersch modified Reverdin's technic in utilizing larger strips of skin. L. ISNARDI (*Zentralblatt für Chirurgie*, April 8, 1905) states that for the last eight years he has placed the Thierch grafts upon the absolutely intact granulation tissue without even so much as rubbing it with gauze. He reports 140 cases in which this method has been practised and shows ground for his belief that this represents the most important advance in the technic of skin grafting since the introduction of the Reverdin method. In order to accomplish the best results the field of operation should be rendered antiseptic. The granulations should be small, red, sound and healthy. This condition is obtainable only through continual cleaning of the wound and by constant changing of the dressings. These should alternately consist of wet and dry dressings which should be changed with the utmost care so as to avoid any causation of hemorrhage. If any infection appears, it is almost certain to destroy the vitality of the graft. For holding the grafts immobilized upon the surface, the author spreads a wide-meshed gauze dressing over them. This is then fixed to the margins of the wound with collodium. In the event of infection following, the gauze is removed and the sutures are made fast with a fine sterilized metal thread, which is wound spirally around the extremity. A damp band is then laid over the grafts, 3½ per cent. boric acid solution being a convenient antiseptic to use. This should be changed every twenty-four hours, and if the infection is at all marked, twice as often. With gauze sponges the exudate can be very carefully wiped away without danger of moving the grafts which are fixed as described. The grafts should be sacrificed or punctured if any collections of blood or pus are found beneath them. On the eighth day everything is taken off and the wound area is spread with euphorin and wrapped with dry gauze and cotton in order to keep it warm. Frequently narrow margins often form between the lips of the grafts, no matter how closely they may have been approximated. These, however, soon bridge across and the area should be entirely covered in two weeks.

Esophageal Diverticulum Successfully Excised.—It is probable that esophageal diverticulæ are not so rare as is generally supposed. Undoubtedly a great many patients with moderate or even severe lesions go through life without ever realizing the existence of the trouble. A. B. BARROW and JOSEPH CUNNING (*Lancet*, April 8, 1905) report the following most interesting case: The patient was a woman, fifty-five years of age, and was admitted to the Royal Free Hospital with a diagnosis of epithelioma of the esophagus. Her disability consisted in difficulty in swallowing, which had gradually grown worse during the past eight years. She had been treated for bronchitis on several occasions. This supposed disorder consisted in her coughing up a large quantity of frothy sputum. But on careful questioning it was found that she never actually coughed in the ordinary sense of the word. She regurgitated, but did not vomit food which was quite unchanged as long as three days after she had taken it. As instances, she cited regurgitating a pickled onion, portions of rabbit, etc. The patient seemed so thin and cachectic that she certainly appeared to be suffering from malignant disease. Physical examination showed an absence of swelling and also of enlarged glands. But on bilateral pressure over the esophagus just below the level of the crycoid cartilage a certain amount of gas might be squeezed into the mouth. A medium-sized bougie stopped eight inches from the teeth and could be felt to the left of the trachea. A small bougie could be passed into the stomach. If two bougies were passed together, the first went into the pouch and the second into the stomach. The regurgitated food, on examination, was found to be free from hydrochloric acid. An unsuccessful effort was made to obtain a Roentgen radiogram of the pouch. Metal bougies were passed into it, but the mere fact of seeing them at certain points in the neck did not afford valuable evidence as to what prevented their passing downward. An attempt to fill the pouch with bismuth was also unsuccessful. On operation a large esophageal bougie was passed eight inches from the teeth and could be felt in the neck below. An incision 4½ inches long was then made on the anterior border

of the sternomastoid upward from the left sternoclavicular articulation. The sternomastoid was pulled outward. The sternohyoid and sternothyroid inward, exposing the carotid sheath. The vessels were then retracted outward and the trachea was seen to the inner side. The esophagus was then distinguished and lying to the left of and behind it was a white fibrous coated pouch 1½ inches long with a bougie in it. On tracing the pouch upward, its neck was discovered to be in the largest part of the posterior wall of the pharynx. The fibrous coat of the neck was divided and turned back as a cuff. The mucous membrane was then ligatured, cut and the fibrous coat stitched over. The muscular coat was then brought together over the side of the neck of the pouch. Drainage was instituted and on the third day, as no discharge had come, it was removed. For seven days the patient was fed on nutrient enemata and was then able to swallow milk. In two weeks she was able to swallow any food. Eight months after operation she had gained 42 pounds.

Treatment of Inflammation by Means of Suction. R. KLAPP (*Münch. med Woch.*, April 18, 1905) draws attention to the fact that the customary surgical treatment of many inflammations is still very unsatisfactory. Thus, in mastitis, multiple incisions are necessary, which often destroy the shape of the breast and render it unfit for further lactation. If superficial abscesses are incised and the entire breast brought into a condition of passive hyperemia, a cure will often be accomplished rapidly. The author employs a low bottle without bottom, which is applied closely to the breast and then exhausted through its narrow end by means of a syringe. The degree of hyperemia necessary must be acquired by experience, but usually the tissues should present a slight bluish tinge. Suppuration is most amenable to this treatment, but even diffuse infiltration will yield, though more slowly. In 15 cases the average duration of treatment was three weeks. In furuncles, abscesses, infected wounds and other suppurations about the trunk or extremities, the same treatment may be employed. The necessary degree of suction is here obtained by the ordinary dry cups with open end, into which a rubber bulb is fitted. Beginning furuncles will be aborted after two applications of forty-five minutes each; severer cases will require five to six days only. Even large carbuncles disappear without incisions. The treatment is of the greatest value in the much-feared furuncles of the lip, since these are often followed by general sepsis if incised.

Soluble Button for Intestinal Anastomosis.—There is no question that the use of insoluble materials in the abdominal cavity has been attended, and will always be attended with great risk. PETER PATERSON (*Lancet*, April, 1, 1905) suggests a new method for creating soluble buttons. He has come to the conclusion that gelatin, which has been treated with chromalum, meet all necessary requirements. Furthermore, it has the additional recommendation that it can be made more or less resisting to digestive processes, so as to suit both the taste of the surgeon and the position of the digestive canal in which it is placed. When chromic acid is mixed with gelatin and exposed to light, or when its salts are so used, the gelatin after a time becomes entirely insoluble. Gelatin thus prepared, however, becomes brittle, the degree of brittleness depending on the strength of the solution. Alum also hardens gelatin, but not sufficiently to prevent its rapid solution in the intestinal secretions. Chromalum, however, combines the properties of both, giving insolubility and hardness. When a strong solution of gelatin is gelatinized and a half inch cube is soaked for from half hour to an hour in a concentrated solution of chromalum, then boiled in water, it will be found that the surface remains solid, while the center becomes liquid. If this tube be allowed to remain in the alum for twelve to fifteen hours, it will remain solid throughout. The time necessary for solution in the intestinal juices depends upon the strength of the chrome solution and on the strength of the enzyme employed. The author has found that the most suitable strength for these buttons is 10 grains of chromic alum dissolved in one ounce of cold water. The buttons, which are not unlike Murphy's, are made by pouring strong gelatin into molds. These are lined with a single layer of strong muslin. This becomes saturated with the button and incorporated with the outer part of the button. When the buttons have set, they are put away in an ounce of the solution and are left there for a period which depends upon the size of the button and also upon the degree of insolubility desired. They are to be kept, after ten or twelve hours of soaking, in 50 per cent. alcohol until used. There is sufficient moisture in this fluid to prevent drying and shrinkage, while the alcohol increases their toughness. It is very important that the projection of the male portion of the button should fit the opposite half so that some pressure will be required to send it home, and to increase this adhesion, it is better to have the tube made slightly oval in section. A button three-quarters of an inch in diameter prepared as described, resists solution from five to seven days. The method of using the button is practically analogous to that employed in inserting Murphy's button. A purse-string suture should be passed around the divided intestine and the button, with its halves open but not detached, is placed in position and the sutures are pulled tight and tied. The two halves are then pressed together.

Prostatism Without Prostatic Enlargement.—By prostatism is understood that horrible chain of symptoms which follow upon chronic hypertrophy of the prostate. CHAS. H. CHETWOOD (*Annals of Surgery*, April, 1905) points out that this same train of symptoms has, without doubt, often been encountered quite indepentent of prastatic enlargement. The symptoms referred to consist in general of urgency and frequency of urination, of pain and of partial or complete retention of the urine. Contracture of the neck of the bladder is in the author's opinion a lesion which in the past has not frequently been recognized. Pathologically it consists in a fibroid stenosis of the vesical orifice. It is not a hyperplasia of the muscular elements of the sphincter, nor is it a simple spasm or a mucous fold, but a pure fibrous infiltration of inflammatory origin. It is common in the young as well as in the aged and is found alone during the mature stage of prostatic hypertrophy, or it may coexist with this condition. Thompson recognized the fact of contractures of the neck of the bladder without cioncident enlargement of the prostate, for in an article written in 1883, he refers to an obstruction of the bladder outlet which occurs under the conditions cited. The recognition of the condition during life is not difficult. When it exists, in the absence of an hypertrophied prostate, the examining finger will detect the normal gland, and measurement of the urethral length will show it to be within the normal limits. The catheter may yield little or no residual urine until the bladder's compensatory power has been overcome. Generally speaking, it may be stated that the contracture of the neck of the bladder is the causative factor of complete or incomplete detention of urine in the patient presenting a normal urethral length and the prostate normal to

rectal touch in the absence of tabes or other central lesions. A full-sized steel sound may enter the vesical orifice without marked difficulty, as this is the most distensible part of the canal. The suprapubic incision may in certain chosen cases be necessary to clear up the diagnosis. With one finger in the bladder and another in the rectum, prostatic enlargement may be definitely shown to be absent, while about the prostatic urethra, the examining finger will meet an orifice so tight as to barely admit its tip. Simple incision of the obstructing ring is likely to be attended with very severe hemorrhage. The author has accordingly utilized in 36 cases the galvanocautery, which is safe, bloodless and effective.

Pressure Stasis.—The literature on this interesting subject is becoming rapidly augmented. R. LANE JOYNT (*Lancet*, April, 1905) reports the case of a man, twenty-two years of age, who was caught under the counterweight of an elevator and severely crushed. The weight weighed over two tons. It settled upon his back, its lower edge five inches thick, catching him as he stood upright across both scapulæ. He was doubled down until his bent knees were forced against his chest, his body being prevented from going forward by a wire caging. He never lost consciousness. but became totally blind and remained so until a few minutes after he was released. On regaining vision, the sight in his right eye was dim and he saw double. Twenty minutes later, on being admitted to the hospital, he was found to be in a state of extreme collapse. His abdomen was rigid and hard and sides flexed. X-ray examinations showed that the internal maleoli of each tibia had been broken off. There were other minor indications of injury. The most marked condition, however, was that seen in his face, which was livid, the color varying from isolated red points about the forehead and neck to a dusty red in his ears and cheeks. There was a sharp line of demarcation between the normal and colored skin across the neck at the level of the thyroid cartilage, coursing upward to the roots of the hair on the nape of the neck. There was slight hemorrhage from the right ear. The eyes became so suffused that at the end of two days no white was any longer visible in them. The aureola around the eyes contrasted strangely with the color of his face, which began to fade rapidly on the second day. His dimness of vision in the right eye ceased in twenty-four hours and the diplopia in three days. From the rigidity of the abdomen and from the collapse, it was thought possible that he had suffered some rupture of the abdominal organs, but this was found not to be the case. One week after the infliction of the injury, the color had subsided entirely from the face and in part from the eyes. The subsequent history of the case was uneventful and the length of time that the patient was detained in the hospital was determined more by the accompanying bone injuries than by the pressure stasis symptoms.

Suprapubic Prostatectomy.—There are many excellent surgeons who, like English practitioners, hold to the belief that the suprapubic method of operating is the better. HOWARD LILIENTHAL (*Annals of Surgery*, April 19, 1905) states that from an experience in 31 cases at Mt. Sinai, he believes the suprapubic operation to be the safest of all procedures for the relief of prostatic obstruction.—Operative recovery resulted in every case of the 31 treated and perfect functional recovery in all except two. In one there is sphincter weakness and the other has a residual of from ten to 100 c.cm. The steps of the procedure as employed at Mt. Sinai are as follows: There should be two days' preparation. If cystitis be present, the bladder should be emptied by catheter every three hours day and night. Irrigation, except in the presence of large quantities of mucus is not necessary. Salol in five-grain doses is given three times a day. Urotropin may be given when the wound is healed. The heart is usually a little stimulated and the kidneys flushed with plenty of water. A catheter is next passed into the bladder and rubber atomizer bulb is attached to the catheter. The anesthetic is then administered. In many cases this need be nothing more than gas, although occasionally ether may be needed in addition. A sagittal incision 2½ inches long is made. The bladder is then inflated until it feels tense on digital pressure. The peritoneum is then pushed up and two silk traction sutures are deeply placed in the vesical wall. Between these sutures, the bladder is punctured with a narrow-bladed knife. The bladder is then explored, stones are removed and the prostate palpated. An assistant then places his finger in the rectum, pushing up the prostate so it may be caught firmly with volsella. An incision is then made with scissors into the prostate and posterior part of the organ is freed with the aid of two fingers. For the past two years the author has had each specimen examined pathologically for urethral mucous membrane, but none has ever been found. The parts should then be flushed out and the prostatic portion packed with gauze. Perineal drainage is unnecessary. If the patient is feeble and there is danger of pulmonary hypostases, it is best to get him out of bed on the second or third day. Catheterization has rarely been necessary, but the bladder should be frequently washed out with the siphon tube, which is usually inserted after the gauze wick has been removed through the abdominal wound. This tube is removed before two weeks have elapsed and the patient soon begins to urinate normally. The advantages of this operation are that it is radical, that no important vessels or nerves are touched and that the urethra is not injured. It is almost impossible to injure the rectum. All the parts are freely visible and one can gain in this way, as in no other, a full understanding of the underlying causes. It precludes the necessity for free operative cystoscopy. It may be performed under nitrous oxide anesthesia.

NEUROLOGY AND PSYCHIATRY.

Relation between Insanity and Epilepsy and Duration of Life.—The following are the conclusions drawn by R. JONES (*Am. Jour. Insan.*, Jan., 1905): Insanity *per se* is inimical to life. It is a deterioration mental and physical. It causes more deaths in every quinquennium among the certified insane in asylums than in corresponding periods among the general population. Cases least affected are those holding fixed ideas, sometimes called paranoiacs, or persons suffering from delusional insanity, as are also those in whom an acute attack of insanity has left moderate but chronic weakmindedness. Congenital weakmindedness diminishes the expectation of life. The most powerful and the most frequent antecedents of insanity and of epilepsy is either ancestral insanity or epilepsy. All medical forms of inquiry used in insurance offices should ask whether there is a history of ancestral insanity (parents and grandparents) and collaterals (uncles and aunts). That a suicidal tendency is eminently heritable—often appearing at the same age in the offspring as in the ancestor. That suicides in asylums occur less frequently by one-half than in the general population during the period of greatest liability. That phthisis and insanity are strong converging factors toward insanity. That epilepsy shortens life more so, by an average of ten years, than insanity. That antecedent syphilis in many assurable cases cannot be definitely ascertained either

by admission of the fact or by its sequelæ, and that general paralysis occurs not more often than in about one per cent. of all cases which have contracted syphilis.

A Case of Chorea Fatal, Apparently from Excessive Muscular Action.—J. P. CROZER GRIFFITH (*Am. Med.*, April 29, 1905) refers to the fact that death from chorea is unusual, the Collective Investigation Committee of the British Medical Association finding only 9 deaths in 439 reported cases, and Sinker finding but 64 occurring in Philadelphia during seventy-four years. In the great majority of cases the fatal issue depends upon some complication, especially endocarditis, and deaths depending directly upon exhaustion from enormous muscular action must be considered a rarity. He reports an instance of this occurring in a boy of 11 under his care at the Children's Hospital of Philadelphia. The child had had a previous attack of chorea two years before. The cause of development of the present attack was not known. A month before, he commenced to show restlessness, which advanced to choreic movements and grimaces. For a week the movements had been excessive. On admission to the hospital nothing could be found abnormal in the organs, except the presence of a systolic murmur in the mitral area. The boy could not speak, although he seemed to understand perfectly. The movements were so excessive that the child was thrown violently about the bed, and was bruised all over. Sleep was almost absent. The condition was relieved to a certain extent by hyoscin hydrobromate hypodermically given, the administration of morphine, potassium bromid and chloral hydrate having been entirely ineffective. The excessive movements continued and exhaustion finally ensued, and death. The autopsy showed the presence of an endocarditis with micro-organisms in the heart muscle and in the mitral leaflets. While it cannot be affirmed positively that death did not follow from endocarditis, yet the case bore all the evidence of death from exhaustion, the result of the enormous muscular activity.

Autopsy Findings in Epilepsy.—B. ONUF (*Journal A. M. A.*, April 29) reports the results of careful autopsies on sixteen epileptics at the New York State Institution for Epileptics. In twelve cases there were valvular changes of the heart, most frequently of the mitral valve (80 per cent.), less so of the aortic and still less frequently of the tricuspid valves. These he considers generally as secondary results of the special strain due to the major epileptic attacks. Capillary changes, tortuosity and aneurismal dilatations, were observed in several cases, and were attributed to the same causes. In eight of the cases where the lungs were examined, there was acute pneumonia as a contributory cause of death. The cerebral changes were very striking. In ten cases there was a marked thickening of the pia chiefly over the frontoparietal lobe. In other cases there were vascular lesions, circumscribed atrophy of one frontal lobe, subdural hemorrhage (one case), internal hydrocephalus (one case), cerebellar cyst (one case) and shrinkage of convolutions of vermis and adjoining cortex (three cases). The most striking changes, however, were noted in the thalamic region. These were in the nature of atrophy, sometimes the pulvinar, sometimes the other portions being most markedly affected. There was also an apparent discrepancy in the proportions of the geniculate bodies. Onuf discusses the possible relations of these thalamic changes to the epilepsy, but does not venture to express an opinion as to whether they are directly connected with the seizures or are only part of a general pathologic condition of the brain. He suggests that there was probably an optic atrophy in some of these cases, and hence the importance of fundal examination in epileptics. The importance of good clinical histories in these cases is also emphasized.

New Phenomenon Associated with Peroneal Palsies.—A motor symptom which has apparantly not been previously described, has been observed in a series of cases of this character by H. HIRSCHFELD (*Berl. klin. Woch.*, March 13, 1905). It is not present in complete paralyses, but only in palsies. He describes the phenomenon as follows: If a patient who is afflicted with a palsy of the muscles supplied by the peroneal nerves, is directed to flex his foot dorsally, it will be found that the degree of this movement is directly dependent on the amount of paralysis present. Hirschfeld claims that the resulting angle is less when the leg is extended than when it is flexed at the knee. The difference may be as much as 30 to 40 per cent., and in severe cases of palsy may be so great that dorsal flexion may not even be possible when the leg is extended, although it may readily be executed when the knee is bent. The writer believes that the phenomenon is the result of the anatomical conditions under which the muscles functionate. The peroneal group of muscles are concerned with dorsal flexion of the foot, and in doing so must overcome the action of the calf muscles which are attached by the tendo Achilles. This resistance, owing to the double attachment of the gastrocnemius and plantaris to the condyles of the femur, is much greater when the leg is extended than when it is flexed. This phenomenon is considered by the author to be of value in the treatment of the condition, for a patient may be more encouraged to make attempts at raising the foot when he finds he can do it better with the leg flexed.

PRESCRIPTION HINTS.

Treatment of Alopecia.—Alopecia in women is frequently caused by pityriasis, but still more frequently no local cause can be assigned. In any case the treatment is about the same, although the preparations must be varied in order to obtain rapid results; it is also indispensable to apply the solutions with a hard brush.

The following formulæ will be found useful:

℞ Hoffman's anodyne	ʒvi
Spirits of camphor	ʒi
Spirits of lavender	ʒi
Nitrate of potash	grs. x
Formol (of commerce)	mim. xv
Water	ʒii

℞ Hydrochlorole of pilocarpine	grs. x
Rose-water	ʒii
Proof spirit	ʒvi
Ether	ʒi
Spirits of lavender	ʒi

℞ Acetone	ʒiii
Proof spirit	ʒiii
Liq. ammonia	ʒi
Water	ʒii
Caffeine	grs. x
Ess. of violette	ʒi
Tincture of capsicum	ʒiv

This treatment, well applied, rapidly arrests the fall of the hair. At the end of about three months new hair sprouts, especially if the parts have been vigorously brushed. At the end of a year the new hair attains about five inches in length.

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THE SOCIETY OF MORAL PROPHYLAXIS.

THE first two meetings of the Society of Moral Prophylaxis brought out very clearly the object of the Society, as can be seen from the proceedings published on another page in this week's MEDICAL NEWS and in the papers read, which will be found among our original articles in this and a subsequent issue. There is no doubt that a campaign of education is needed in this important matter of the extension of knowledge with regard to the significance of venereal disease and its awful consequences to society. One reason for the present lack of appreciation among those outside the medical profession in this country of the possible results of these diseases is due to the fact that popular ideas represent old-time medical opinions which have not yet been outgrown. This is true in practically every department of what might be called popular medicine, that is, of popular beliefs on medical subjects. The opinions accepted by the medical profession half a century ago are those which are now dominating the popular mind. The physician of two generations ago laughed at gonorrhea and thought it not much worse than a cold in the head, while as to syphilis, no real idea of its significance was at all prevalent. Its relation for instance, to paresis, locomotor ataxia and the other severe and incurable nervous and mental diseases with which it is now known to be so closely associated, was scarcely suspected.

Since it is obsolete medical opinions that are deceiving the public, it is incumbent upon the medical profession to use every effort to correct false impressions. As pointed out by Dr. Prince A. Morrow, there is no doubt that even the majority of physicians themselves do not appreciate all of the serious evils of venereal diseases, and consequently they are not in a position to teach this important subject to others in its proper light. At the present time, about one-eighth of all the illness which afflicts mankind is due directly or indirectly to venereal diseases. Indeed a large proportion of the patients of the neurologist and gynecologist, and not a few of the sufferers who come under the care of the eye, throat and nose specialists, owe their affections to venereal diseases. It might seem as though those especially interested in this subject were exaggerating the importance of these affections, but with such startling statistics to justify them, it is impossible to think of any exaggeration. Undoubtedly, then, the plea that a knowledge of venereal diseases shall be more generally taught in the medical schools and that a more definite knowledge of them shall be insisted on for graduation, is not too much to ask. This seems the only way in which the campaign of education for the masses can properly be begun.

It is sometimes claimed, though not by those of most experience in these matters, that something can be accomplished in the prophylaxis of the evils of venereal disease by what is termed the regulation of the social evil, or of prostitution. For those who sincerely think that any such solution of the problem exists, Dr. Howard A. Kelly's excellent article on the best way to treat the social evil will show the utter groundlessness of their opinion. Such legal regulation has failed, not only in England, where it was applied in a limited way, but also in France where the laws were universally applied. Distinguished authorities as Fournier and others in Paris, after having been advocates of the legal regulation of vice for the prevention of venereal disease, have become outspoken opponents of the system, because they see the evils that flow from it. It breaks down certain moral barriers of principle and gives a false sense of security; the two fac-

tors working together for the increase rather than the decrease of venereal disease.

Unfortunately there are still divisions of opinion among physicians on some of the important subjects connected with venereal diseases. For instance, the old-fashioned teaching that continence was scarcely possible to men and that it was likely to prove detrimental to health has still not been entirely given up. Dr. Keyes, in his article on the sexual impulse, which we shall publish shortly, stated this subject very clearly and laid the foundation for clearer opinions with regard to it than have so far come under our notice. There is no doubt now in the minds of conservative physicians that absolute continence among young adult males is not only possible, but is consistent with the highest form of physical health and of sexual power; indeed, far from continence proving a detriment to sexual power, it is abuses of the sexual faculties that are much more prone to produce the unfortunate impairments which are sometimes, though not so frequently now as formerly, attributed to the effect of sexual continence.

A very interesting phase of the proceedings of the Society for Moral Prophylaxis is to be found in the fact that clergymen and lawyers are associated with physicians in the attempt to bring education to the people on these important subjects and that there is therefore likely to be a breadth of view and a lack of professional narrowness which might otherwise prove a hindrance to the cause. Unfortunately the general public is apt to be suspicious of movements undertaken by members of the medical profession alone, because outsiders are prone to attribute personal motives. Union of the three learned professions, however, will absolutely remove all trace of this unwarranted suspicion and will in many other ways secure a furtherance of the objects of the society. The contributions from the clergymen to the present meeting show clearly how acutely interested are leaders of every denomination in this important matter. This of itself is a very hopeful index of the interest that is likely to be awakened in the general public, whose opinion usually reflects that of the pulpit and press. Let us hope then that success will crown such worthy efforts at social improvement.

APPENDICITIS AND PREGNANCY.

So MUCH has been said about appendicitis in recent years that it would seem as though all phases of the questions involved in the disease must have been well exhausted, and yet there is one important problem, the relationship of appendicitis to pregnancy, which has not attracted as much attention as it deserves.

As pointed out by Dr. Coe, at the meeting of the Harvard Medical Society of New York City for March 25, 1905 (See Society Proceedings, MEDICAL NEWS, this issue, p. 1182), the textbooks have had very little to say with regard to the possible complications consequent upon appendicitis during pregnancy, or of the effect of old appendical lesions during and after labor. Even in the copious medical literature that has grown up around the subject of appendicitis in the medical journals very little has been said about the relation of a diseased appendix to the uterus and its changes during the puerperium.

It is very evident that the presence of an old appendicitis may prove the source of even serious danger during the manifold changes which take place during and just after labor. It is generally conceded now that virulent bacteria may become so enclosed in the tissues as to be rendered perfectly harmless to the individual and yet maintain their virulence for many years. In typhoid fever, for instance, it has been shown that germs may find their way from the circulation into such organs as the bone marrow and, remaining encapsulated for many years, do no harm, though they retain their vitality. An injury to the bone, even of slight degree, may cause the breaking down of the encapsulating tissue with the result that an abscess is produced. Osteomyelitic abscess with typhoid bacilli in pure culture has been known to occur as long as ten years after the attack of typhoid fever, which accounted for the original introduction of the bacilli. Nearly the same thing is true for tubercle bacilli, which may possibly remain encapsulated for even a longer time than typhoid bacilli, and yet maintain their virulence so as to be ready to set up tuberculous inflammation as soon as favorable conditions occur.

Old cases of appendicitis may prove the source of some of the unexplained cases of puerperal sepsis in which there seems to be every reason to think that there has been no infection from without. Not a few cases of puerperal fever present no signs of an infection in the lower genital tract and no offensive discharge from the uterus. In these cases curettage does no good and the material brought away by the curette is evidently not of an infectious nature.

It has been the custom to say that the infection has confined itself to the deeper portions of the uterine muscle, but autopsies have over and over again failed to demonstrate this. It is easy to understand how, during the process of emptying of the uterus, with the great disturbance of intra-abdominal pressure and organic relations which this causes, a hitherto well-encapsulated appendical abscess may be either ruptured or its connective tissue wall so interfered with that virulent micro-organisms find their way on to the peritoneal surfaces.

Instead of always considering that puerperal fever must have its origin from without, it is well to remember the possible existence of previous suppurative or inflammatory conditions of any kind within the abdominal cavity. Whenever the uterine discharge gives no evidence of any infection of the uterine cavity itself or of the genital tract, then it is much more important to consider some other source of infection than the birth passages. Immediately after birth, the disturbances within the abdominal cavity may be such as to make the localizing symptoms much less distinctive than before, but the possibilities in the right iliac fossa must not be forgotten, and if there is anything suspicious in the history of the symptoms, then an exploratory laparotomy in this region may save life and is eminently justified, since so many of these cases prove fatal.

With regard to appendicitis during pregnancy, the necessity for proper surgical treatment can scarcely be sufficiently emphasized. According to the experience of skilled operators, it is possible to do an interval operation even at an advanced stage of pregnancy, without interfering with the course of gestation. If there has been an attack of appendicitis before pregnancy, any suspicious symptoms during the puerperal period must lead to much more care in the treatment of the case than would otherwise be deemed necessary. Delay in these cases is always dangerous and may very easily be fatal. It seems not unlikely that more careful attention to these points would lead to a still further reduction in the mortality from what is called puerperal fever. This represents a consummation always devoutly to be wished, and indeed there is no greater triumph in the medicine of the last two generations than the present low death-rate in this matter, though anything that promises even vaguely to still further diminish, even if only to a slight degree, the puerperal mortality cannot but be a welcome addition to up-to-date medicine.

ECHOES AND NEWS.

NEW YORK.

St. Vincent's Hospital.—At a meeting of the Medical Board of St. Vincent's Hospital, held June 13, 1905, the following appointments and promotions were made: Dr. Edward L. Keyes, Jr., Visiting Surgeon; Dr. Charles F. Fitzgerald, Assistant Visiting Surgeon; Dr. William C. Lusk, Assistant Visiting Surgeon; Dr. William M. Ford, Acting Assistant Visiting Surgeon; Dr. John J. Morrisey, Assistant Visiting Physician, and Dr. Peter Murray, Assistant Visiting Physician.

Straus Milk Depots Open.—The summer season of the Nathan Straus pasteurized milk depots began on June 17. The depots are: 151 Avenue C, 241 East 59th Street, 45 Monroe Street, 169 West Houston Street, 441 West 33d Street, Battery Park, City Hall Park, Tompkins Park, Central Park, Mount Morris Park, Educational Roof Garden, Recreation Pier, East 3d Street; Recreation Pier, East 24th Street; Recreation Pier, East 112th Street; Recreation Pier, Barrow Street; Recreation Pier, West 50th Street. At these depots milk is dispensed to the children of the poor.

Seaside Hospital Open.—St. John's Guild opened the twenty-fifth season of its Seaside Hospital, at New Dorp, Staten Island, on June 15. Until the Floating Hospital begins its daily trips, patients for the Seaside Hospital will be met at the Staten Island ferry, foot of Whitehall Street, by a nurse and orderly, and after examination by an inspector from the Department of Health, will be conveyed to New Dorp by boats leaving New York at 10 A.M. and 2.30 P.M. Readers of this notice who may know of sick children needing hospital treatment are invited to communicate with the general agent, at No. 501 Fifth Avenue.

Quarantine Guarding Against Yellow Fever.—As a result of the examination of the seventy-two passengers of the Panama Line steamship Finance, when that vessel arrived at Quarantine this week, from Colon, Robert Burke, an employee of the railroad company for the last four years, and William Pritchard, the ship's butcher, were taken to Hoffman Island for further observation. Both men had high temperatures, and Burke, it was reported, had left the Isthmus because of malaria. Captain George F. Williams, of Baltimore, who had gone to the Isthmus to fill a position, returned on the Finance. Captain Williams said that the fever conditions were spreading, and that many of the Government employees would return to the United States as soon as they raised their passage money.

Loving Cup for Dr. Emmet.—At the residence of Dr. Thomas Addis Emmet, in this city, on Tuesday evening, June 20, some twenty-five medical friends, mostly old pupils, assembled for the presentation of a loving cup for C. D. Emmet. The event was an appendix to the celebration of Emmet's seventy-seventh birthday, May 29, this year, by a banquet at Delmonico's, and reported in the MEDICAL NEWS June 3. The loving cup was not ready for that occasion. The presentation speech was made by Dr. Henry C. Coe, the chairman of the committee of arrangements for the testimonial banquet, who paid a glowing tribute to the simplicity of Dr. Emmet's character, to his successful development of what is best in American gynecology, by his wonderful attention to the details of his work and to his faithfulness to friends. Speeches were also made by Dr. Wm. Polk, of New York; Dr. Baker, of Boston, and

Drs. George Tucker Harrison, A. Palmer Dudley, James J. Walsh and Bache McE. Emmet, of this city. A letter of regret was read from Dr. Dudley, of Chicago. Dr. Emmet said that the loving cup would find an honored place among the family collection of similar mementoes, among which there is especially an handsome silver salver presented to his grandfather by the trustees of St. Patrick's Hospital, Dublin, who were also the officers of the corporation of the city nearly a century ago.

Cornell Commencement.—At the seventh annual commencement of the Medical Department of Cornell University, seventy-four students were graduated, of whom sixty-two received hospital appointments. The annual prize established in memory of John Metcalfe Polk, to be presented at graduation to the three students who have obtained the highest marks for the four years of their work in the college, was awarded to Rollin Hills, who obtained first place, with a total of over ninety-two per cent.; to Milton Goodman Wasch, who obtained the second place, and to Otto Louis Goehle, who obtained the third place. The exercises were held in the college building in the afternoon, and were marked by an address by Dr. George H. Simmons, editor of the *Journal of the American Medical Association*. Following this was a reception to the friends of the college, given by the President of the University and the Faculty of the College. In the evening the Medical Alumni gave a banquet to the graduating class. Dr. Polk, Dr. Simmons, and the President of the Class, Dr. Mallon, responded to toasts. The most prominent of the hospital appointments were as follows: At the Presbyterian Hospital places were awarded to R. L. Hutton, A. W. Baird, C. H. Cooke and B. R. Hoobler; New York Hospital, O. L. Goehle and R. Hills; Bellevue Hospital (Fourth Division), A. A. Walker, J. R. Richards and H. P. Groesbeck; New York Post-Graduate, B. F. Drake; German Hospital, G. L. Rohdenburg; St. Vincent's Hospital, A. M. Wright; Methodist Episcopal Hospital, of Brooklyn, N. B. Zimmer.

PHILADELPHIA.

Changes in Wills Eye Hospital Staff.—The Board of City Trusts, at their last meeting elected Dr. McCluney Radcliffe, formerly surgeon in the institution, Executive Officer for one year; Dr. Horace G. Goldberg, Pathologist, and Dr. G. William Schlindwein Resident Surgeon for one year.

Warning to Dealers in Fireworks.—Coroner Dugan has warned dealers in fireworks that if death results from the use of explosives he would prosecute those individuals responsible for the sale. He told the dealers of the Act of Assembly, June, 1881, 1885, and 1901, because he believes they should know of the laws and the results that follow, if violated.

Bequest.—Louise H. Lyons, who died at Bryn Mawr, June 6, leaving to her niece an estate valued at $60,000, which, upon the death of the niece, will become a part of Bryn Mawr Hospital. Rev. Henry R. Gunning, Jr., and Dr. George S. Gerhard each received $1,000, to be used for the Bryn Mawr Hospital. The West Philadelphia Industrial School received $1,500.

To Prosecute the Prosperous Relatives of Insane.—Assistant City Solicitor Scott has issued more than one hundred subpœnas, to bring the relatives of insane persons thought to be improperly confined at the expense of the State in the Norristown (Pa.) Insane Asylum into court. Several judges have promised to sit on the bench during the summer months, so that these cases can be disposed of before September 1, 1905, by which time Mr. Scott believes 1,200 cases will be tried.

Enteric Fever Increasing.—During the week ending June 17, 118 new cases of typhoid fever have been reported. Twenty-five of the 118 were from the Methodist Episcopal Orphanage, Belmont and Monument avenues, where the disease is epidemic. The first case developed two weeks ago, and since that time there has been a daily increase. The water served to the children has been boiled or was taken from springs, but the matron maintains that it is quite impossible to prevent the children from drinking hydrant water, which is derived from the Belmont filter plants. A sample of the boiled water and the milk have been submitted to the Board of Health for analysis.

Important Events of the U. P. Graduating Exercises.—After the Rev. Dr. George Harris, president of the Amherst college, delivered the oration, and the university hymn was sung, Prof. Howard M. Fussel, on behalf of the classes '85, '86, '87, '88, '89 and '90, presented to the University a three-quarter length portrait of Dr. William Osler. The graduates of the above-named classes number 800, and they had the portrait of Dr. Osler painted as an evidence of esteem for their teacher. The painting was executed by William M. Chase at a cost of $1,500.

The class of 1880, Medicine, U. P., held a reunion and banquet at the Bellevue-Stratford Hotel. Dr. Edmund W. Holmes acted as toastmaster, and the following responded to toasts: Dr. Joseph S. Gibbs, Prof. James Tyson, Prof. B. Alexander Randall, Dr. Lewis H. Taylor, Dr. Henry R. Price, Dr. Charles A. Currie and Dr. Bernard Berens.

Governor Appoints Advisory Board to Aid Dr. Dixon.—The acts of 1905, which created a Department of Health, calls for an advisory board of six members, five of whom shall be graduates of a well-known college of medicine and the sixth an expert engineer. The Governor appointed the following: Dr. Samuel G. Davis, of Lancaster, president of the recently dissolved State Board of Health; Dr. Leonard Pearson, of *Philadelphia State Veterinarian* and secretary of the State Live Stock Sanitary Board; Dr. Adolph König, of Pittsburg, president of the Pennsylvania State Medical Society; Dr. Charles Penrose, of Philadelphia; Dr. B. H. Warren, head of the State Dairy and Food Department; Lee Masterson, of Johnstown, a civil engineer. After the State has been divided into ten districts Dr. Dixon will appoint ten commissioners, each to have charge of a district at a salary of $2,500 a year.

CHICAGO.

Appointment of Dr. Egan.—The secretary of the State Board of Health, Dr. J. A. Egan, has been appointed a member of the committee to inspect State military schools.

Bequests.—According to the will of E. G. Keith, the former banker and capitalist, bequests were made to the Chicago Visiting Nurses' Association, $15,000, and Chicago Home for the Friendless, $5,000.

Transference of Hospital.—The grounds and buildings of St. Francis' Hospital, Blue Island, Ill., have been transferred by the Rev. Francis A. Rempe to the Sisters of St. Mary, St. Louis. The property is valued at $50,000.

Infant Feeding and the Care of the Mother and Infant.—A twelve-page circular on this subject has

been issued by the Illinois State Board of Health, for the guidance of mothers. It deals first with the dangers of artificial feeding and how they may be minimized. It urges the use of pure cow's milk properly diluted and modified, and gives sound advice on the care, exercise, diet and mode of life of the nursing mother, and devotes particular attention to the care of the infant, the danger signals of the first year, and the necessity of cleanliness.

Rush Graduates Large Class.—Seventy-one students of Rush Medical College received their degrees at the annual commencement exercises, held at Mandel Hall, at the University of Chicago, June 16. Sidney Klein received the Benjamin Rush medal for general excellence in examinations. Klein also tied for the Dr. J. W. Freer medal. Walter Wile Hamburger was given the medal, and a prize of $50 was divided between Klein and Hamburger. The other honors were: Fellowship in Pathology, Herman E. Wolff; Fellowship in Medicine, Ludwig M. Loeb; De Laskie Miller prize, Emmet James Howell. The commencement address was delivered by Dr. Ira Remsen, president of Johns Hopkins University.

State of Chicago's Health.—The weekly bulletin of the Health Department, June 10, has the following to say: "A sunstroke in April, and overcoats, wool blankets and another sunstroke in June are the sufficient explanation of the increase of mortality in one of the two most healthful months in the year. The forty-seven more deaths than in the previous week and the ninety-four more than in the corresponding week of 1904 represent increases of 10.4 and 18.4 per cent. respectively in the annual death rates per 1,000 of the population. The erratic weather is chiefly responsible for the twenty-three more deaths from consumption and the twenty-four more from pneumonia than reported during the week of June 3. These two of the most important causes of death exhibit some remarkable features, comparing the two pneumonia seasons of this year and last. Consumption shows an increase of 48.8 per cent. in its mortality rate, while pneumonia shows a decrease of 14.3 per cent.

GENERAL.

Yellow Fever at Panama.—Six additional cases of yellow fever and three deaths have been reported by Governor Magoon; also five recoveries of cases reported some time ago.

Hospital Bill Vetoed.—The mayor of Boston vetoed the bill providing for a hospital in East Boston, but strong efforts, which will probably succeed, are being made to pass it over his veto.

Quack Concerns Deprived of Mails.—Among the Boston quack concerns who have been deprived of the use of the mails are the following well-known and widely-advertised firms: The Dr. Collins Medical Institute, the Dr. Heinck Medical Company, and, most eminent of all, Dr. Longest.

Lectureship on Tuberculosis.—The State University of Iowa has made a new departure in establishing a Lectureship on Tuberculosis in connection with the medical department of that institution and has appointed Dr. J. W. Kime, superintendent of Boulder Lodge Sanatorium for Tuberculosis, at Fort Dodge, as lecturer.

For Stony Wold Sanatorium.—A gypsy encampment fête will be held Saturday afternoon, June 24, at the home of Mrs. Richard Sutro, Portchester, N. Y., for the benefit of the Stony Wold Sanitorium, at Lake Kushagua, N. Y. The proceeds will be devoted to the work being done for consumptive working women, girls, and children at Stony Wold. The women who have charge of the benefit are Mrs. Sutro, Mrs. Joseph Brettauer, Mrs. William Schmidt, Miss June Wheeler, Mrs. Sullivan, Mrs. Herbert Wheeler and Mrs. N. Brill.

Medical Faculty of Johns Hopkins University.—It is stated that Drs. William H. Welch, William S. Halstead, Howard A. Kelly and William Osler, all members of the original faculty of Johns Hopkins University, will meet in London during June, and will then sit for a group portrait, to be painted by Mr. John S. Sargent. The idea originated with Miss Mary E. Garrett, of Baltimore, the benefactress of the Johns Hopkins Medical School, who will bear the expense of the painting. Professor Osler's departure makes the first gap in the original faculty of the medical school.

Cholera Alarm in Russia.—At St. Petersburg the anxiety caused by the danger of an epidemic of cholera is growing. A dispatch from Sosnovice, Poland, reports that deaths from cholera are occurring daily there, and three suspected cases are reported at Tula. The authorities of both these cities have ordered anti-cholera inoculations in the infected regions, but the warm, moist weather prevailing is favorable to the spread of the disease. A telegram from the medical superintendent at Harbin to the general staff states that the cholera situation at Harbin is grave. There were before the outbreak of the cholera 26,000 wounded and sick in the twenty-one hospitals, which are now full. He urgently asks for medical aid to combat the cholera.

Massachusetts Medical Society.—The annual meeting of the Massachusetts Medical Society was held in Boston Tuesday and Wednesday, June 13 and 14. Tuesday afternoon, at Ware Hall, in the Medical Library the sections in Medicine and in Surgery were held. The following papers were read: In the Medical Section—Dr. Geo. W. Gay, chairman. "Some Features Connected With the Outbreak of Smallpox at North Adams in 1904," by Dr. L. A. Jones, of North Adams; "Ocular Vertigo, of Interest to the General Practitioner," by Dr. B. P. Croft, of Greenfield; "Clinical and Laboratory Study of the Therapeutic Value of Hydrochloric Acid in Diseases of the Stomach," by Dr. R. F. Chase, of Brookline; "The Medical Treatment of Hyperacidity and Gastric Ulcer," by Dr. F. C. Shattuck, of Boston. Dr. Lewellys F. Barker, Professor of Medicine in Johns Hopkins University, gave an address on "Methods in Medicine." In the Surgical Section—Dr. Geo. H. Monks, chairman. "Applied Anatomy of the Frontal Sinuses," by Dr. H. P. Mosher, of Boston; "Symptoms and Treatment of Diseases of the Frontal Sinuses," by Dr. F. C. Cobb, of Boston; "What the Suburban Surgeon is Doing in the Abdomen, and How He Does It," by Dr. C. E. Durant, of Haverhill; "Early Diagnosis of the Surgical Diseases of the Urinary Tract," by Dr. Benjamin Tenney, of Boston; "The Causes of Disability After Fracture of the Lower Leg," by Dr. F. J. Cotton, of Boston. Drs. H. A. Lothrop, S. J. Mixter, M. H. Richardson took part in the discussion of these papers. In the evening "The Shattuck Lecture" was given by Russell H. Chittenden, Ph.D., of New Haven, on "Some Problems of Intermediary Metabolism." A reception was given by the Society to its president, Dr. A. T. Cabot at the close of the session. Wednesday morning, following the business meeting at 9 A.M., was given over to a demonstration of clinical and laboratory methods used in medicine.

This was organized by Dr. W. T. Councilman, and was divided up as follows: "Methods of Diagnosis in Diseases of the Ear," by Dr. C. J. Blake; "Methods of Physical Diagnosis in Surgery," by Drs. J. B. Blake and C. A. Porter; "Methods of Diagnosis in Skin Diseases," by Dr. J. T. Bowen; "Methods of Physical Diagnosis in Internal Medicine," by Dr. Richard Cabot; "Demonstration in Pathological Anatomy," by Dr. H. A. Christian; "Methods in Diagnosis by Means of X-ray," by Dr. E. A. Codman; "Methods of Diagnosis in Diseases of the Nose and Throat," by Dr. Algernon Coolidge, Jr.; "Methods in Examination of Urine," by Dr. R. L. Emerson; "Methods in Bacteriology," Dr. H. C. Ernst; "Methods in Estimating Coagulation Time of Blood," by Dr. A. H. Gould; "Methods in Examination of Blood," by Drs. R. C. Larrabee and A. E. Austin; "Methods in Legal Medicine," by Dr. Timothy Leary; "Methods in Examination of Sputum," by Drs. W. H. Smith and F. T. Lord; "Method of Study of Blood Pressure," by Dr. F. T. Murphy; "Methods in Cytodiagnosis," by Dr. Percy Musgrave; "Methods in Gastric Diagnosis," by Drs. Franz Pfaff and E. P. Joslin; "Methods in Examination of Feces," by Dr. J. H. Pratt; "Methods in Neurology," by Dr. J. J. Putnam; "Methods Used in Board of Health Examinations," by Drs. Theobald Smith and H. W. Hill; "Methods of Diagnosis in Genito-Urinary Diseases," by Dr. Paul Thorndike; "Methods of Rapid Anatomical Diagnosis," by Dr. J. H. Wright. This demonstration was of a most instructive nature, and was a great success. The patients who had been asked to come appeared almost without exception, and seemed to enjoy rather than dislike, being demonstrated. In the medical room were about twenty-five patients, seated or reclining about the room, with a placard over their heads, telling what the condition was. The list included heart cases, all kinds of leucemias, pernicious anemias acromegaly, arthritis deformans, Raynaud's disease, and others. In the stomach room there were enough cases so that a stomach was washed out and a complete examination made about every fifteen minutes. Dr. Charles A. Drew, of State Farm, Bridgewater, gave the annual discourse, after which dinner was served. Among the speakers were: Mr. Louis A. Brandeis, Lieutenant-Governor Gould and Rev. Dr. Charles E. Worcester, of Emanuel Church, Boston.

SOCIETY PROCEEDINGS.

SOCIETY OF SANITARY AND MORAL PROPHYLAXIS.

Stated Meeting, held April 14, 1905.

Stephen Smith, M.B., in the Chair.

A Constitution and By-Laws were adopted.

Education in Sexual Hygiene.—The Rev. John W. Elliott, of the Hudson Guild, made a few remarks on this subject. Speaking, he said, as a layman whose experience had been largely confined to the teaching of young men and boys, he stated that he had repeatedly discussed this question of sexual hygiene with very gratifying results. He was not in favor of the promiscuous discussion of this subject, and it should only be undertaken by those who were in close relation to young people. Otherwise, many would be drawn to such discussions who were only actuated by motives of curiosity, and who would receive absolutely no benefit therefrom. The usual college addresses on the subject, for example, were often looked upon in the light of a joke by the students. Neither did he favor the circulation of printed matter on the subject among young men and boys by the teacher or parents. It could only be dealt with effectively by some one who was in very close personal relation to those with whom he spoke. It was most effective when brought up in connection with the subject of morals in general, and should not be dealt with separately. Dr. Elliott said he would never think of discussing the subject of sexual hygiene by itself. There were three topics that young men were especially interested in: First, friendship; second, the sexual question, and third, what they were going to do in the world. The speaker believed in associating this question of sex with the other subjects that vitally interested the life of the young men, and not in presenting it as something peculiar or special. It was, of course, a subject of delicacy, but that should be taken for granted, and handled accordingly. It could not be taught effectively without a deep sense of reverence. In a religious society, in all societies connected with churches, synagogues, etc., wherever there were bands of young men gathered together in relation with older men, there the subject could be discussed, but this should not be done in a purely scientific way, because it was not a purely scientific subject. Very little teaching about the sex was necessary. So far as the facts went, they were well enough known. What was needed was to give the young men a proper attitude toward the facts they already knew. Certain sentiments, certain feelings had to be controlled in regard to those matters, so that they could overcome the passions that naturally existed. It was not so much a question of intellect or of imparting information, and the facts should be dealt with in a plain, common sense, straightforward way. They should be given in the manner of a friendly talk, explaining the dangers of the wrong kind of relationship. In a general way, the average boy who had been brought up in New York already knew the facts, and in dealing with them we should never deviate from the truth, and carefully avoid all exaggeration. Let the physical side of the question, with its horrors—and certainly they were bad enough—stand where it was, without exaggeration.

The main object of this kind of teaching should be to create among groups of young men a spirit that would stand for the right kind of living, and look down upon the wrong kind. Make the young men public-spirited; make them feel proud of a life of perfect uprightness. Then, while some would go to the dogs in spite of everything, the majority would come out all right.

The Sexual Necessity.—By Edward L. Keyes, M.D. A paper upon this subject was presented and will appear in an early issue of the MEDICAL NEWS.

The Church and Social Prophylaxis.—By Rev. Henry A. Brann, rector of St. Agnes' Church. This paper will also be published in an early issue of the MEDICAL NEWS.

Ignorance, Perversion and Degeneracy.—Frank Moss, Esq., Professor of Medical Jurisprudence in the New York College and Hospital for Women, said he thought the subjects of perversion and degeneracy were within the scope of this Society, and that the prevalence of these evils was largely due to ignorance. There was sexual uncleanliness in thought as well as in act, bringing in its train most disastrous results. There were in New York well known centers

for the meeting of sexual perverts, many of them male prostitutes who suffered from different forms of perversion, and their number was constantly augmented by young men from the city and country who had fallen into the practice largely through ignorance and curiosity. If some way could be devised by which young people could be instructed as to the nature of their sexual organs, of the glory of their true use, and the evils that followed their abuse, there would be less sexual uncleanliness and sexual perversion. The highest mental and physical development of life, and all the sweetness of home centered about the true use of the sexual powers, while their perverted use gave rise to untold misery. These facts should be brought home to the young people. The education should begin in the home; it should be taken up by the churches and Sunday-schools, and perhaps on a broader scale in the public schools.

The Rev. Joseph Silverman said that the social problem under discussion was as old as the universe, and its solution would not be found in boys' clubs or the confessional. It was necessary to go further back, and educate the parents in the duty they owed their children to bring them up pure in mind and body. Impure acts were always preceded by impure thoughts, and against these the child could only be shielded by early home influence. Next to the parents, the family physician might be a potent factor in limiting the social evil, but as a rule the physician chiefly concerned himself in curing disease, and not in teaching people how to prevent it. This Society, Dr. Silverman said, had a great problem to solve and a great duty to perform. It could expect very little help from the pulpit, which was not the place for the discussion of these subjects. The successful outcome of this work would regenerate society, purify the home and elevate marriage. There was only one legitimate use for the reproductive organs, and that was the reproduction of the species. Just as the teeth were intended for the mastication of food, and the stomach for its digestion, so the sexual organs were intended for the reproduction of the species. They were never intended to be used merely for pleasure, and their use for that purpose was the source of much evil. This lesson should be impressed upon young people, and no human being had the right to use the sexual organs before marriage in any way whatsoever.

Dr. J. Milton Mabbott said that as a physician he disagreed with the statement made by Dr. Silverman, that the sexual function should be used solely for the purpose of the reproduction of the species. Self-preservation was the first law of nature, and reproduction was the second. The sexual appetite was so strong that its proper indulgence between husband and wife was natural and allowable.

William A. Purrington, Esq., said the members of the Society, as he understood it, had come together for a practical purpose, and not as moralists or missionaries. If anything practical was to be achieved, it had to be done in the line of educating the public. If people could be made to realize that certain diseases were loathsome, and if the medical profession could be made to understand that it was wrong to belittle the gravity of such diseases and indecent to attempt to conceal them under false names, then we might arrive at some result. Medical secrecy was a shield, and not a sword. Drunkenness and even seduction were once the fashion, but those vices had had their day, and so it would be with the sexual vices, when the people were once taught to see them in their proper light.

Regular Meeting, held May 19, 1905.

Stephen Smith, M.D., in the Chair.

Prophylactic Value of Normal Marriage.—Dr. Andrew H. Smith read this paper, which will be found in full upon page 0000 of the MEDICAL NEWS.

The Best Way to Treat the Social Evil.—Dr. Howard A. Kelly, of Baltimore, Md., read this paper. This appears in full on page 0000 of the MEDICAL NEWS.

Charles Sprague Smith, in opening the discussion of these papers, said that as a member of the old committee of fifteen he had been invited by Dr. Morrow, the newly elected chairman, to take part in the discussion. He said that the Committee of Fifteen had reached practically the same conclusions as had Dr. Kelly, namely they had in common concluded that very few if any evils were prevented by legislation. Counter-attractions, he said, were the lines along which there seemed to be the most hopeful outlook. Paramount among these were, first, the wage question, and second, the housing of the poor. Parks, playgrounds, social opportunities, privileges to visit the theater, club life, and so on, were some of the factors suggested by the speaker. He said that the community at large was responsible for fixing the wages of the working girls, the class from which as a rule, the prostitutes are gathered. It is, in the end, the community at large which is responsible for forcing into prostitution of these young girls. The speaker agreed with the readers of the papers, who were of the unanimous opinion that an invaluable adjuvant to the establishing of counter-attractions, already referred to, was the education of the young women and the young men. Few, indeed, if any, of either sex had the remotest idea of the fearful ravages which might be wrought by the transmission of disease from one infected individual to others. The young women of the country should have impressed upon them the glorious privileges of wifehood and of motherhood. Raids, in the speaker's opinion, were under no conditions productive of good. He believed that in the present state of evolution of the subject, houses of prostitution should be left alone as long as they do not unnecessarily offend the public.

Dr. David Blaustein said that he had listened with great interest to the two papers and was particularly interested in what Dr. Kelly had said about more light and more air in the tenements of New York. Nearly all of the moral and religious problems in the opinion of the speaker, were to be settled in a proper solution of the methods and means of housing the poor, rather than by the number of raids, by police justices or by moral and social societies. To deal with effects one must seek the causes. These are to be found in the prevailing low rate of wages for young women in the City of New York. The luxurious life of the wealthy, he said, was largely responsible for the evil conditions existing among the poor. If the "simple life" were practised more conscientiously by people of means and more attention paid to the development of the down-town clugs, there would be fewer prostitutes and less crime in this city. He thought that one should not be so delicate in speaking of these matters to young people. It appeared to him that when children are prepared for confirmation, they should at the same time be acquainted with these serious problems.

Dr. Prince A. Morrow, in accepting the responsible trust of the Chairman of the Society, said:

I will only detain you with a few words. In the first place, I wish to express my appreciation of the high honor conferred upon me in being selected to preside over the deliberations of this Society. My appreciation of the honor is only equaled by my sense of the weighty responsibility imposed and I can only pledge to the discharge of the duties of this position whatever of intelligence, of zeal and of fidelity I may possess.

It is conceded that the work before this Society is large and important; it is exceedingly difficult and delicate; it is distasteful even, on account of the unsavory character of the subject. It can only be undertaken from a sense of duty, but work undertaken from this motive often yields the largest and most beneficent results.

This work represents an innovation; it contemplates a reform in our educational system; it aims through enlightenment of the public to correct evils which are largely the consequence of ignorance; it necessarily runs counter to deep-rooted customs and habits of thought. In the pursuance of this work we must expect to encounter opposition; probably meet with reverses; possibly we may make mistakes, but at the same time the object before us is sufficiently worthy to stimulate us to make every effort to carry on this work to a successful issue.

I may say one or two words in regard to the policy of this Society, which is to be pursued along well-defined lines with a definite object in view. Fortunately we have an executive committee, one of whose functions is to map out the order of work proposed by this Society, and while the subjects brought before the Society are naturally more or less connected and related, it is intended that they shall be taken up consecutively and in order that each shall be carefully studied and thoroughly threshed out before arriving at conclusions which may be promulgated for the education of public opinion. It is important that these subjects should be announced in advance in order that those who read papers and join in the discussion shall bring to bear the results of serious study, of matured deliberation and well considered judgment. The questions involved are too important to be disposed of by offhand impressions or by snap solutions.

It is understood that the prophylactic work of this Society shall be inaugurated along educational lines, and since its most important feature is the instruction of the rising generation in a knowledge of sexual physiology and hygiene, this subject will probably constitute the order of business of the next meeting. The sexual education of boys and young men must be studied from many points of view, as for example: What should be the nature and scope of this education? At what age should it be given? Should it be progressive according to the age of the individual? Should it begin in our scholastic centers, our high schools, colleges and universities? Should the teaching of sexual physiology be incorporated in our text-books on elementary hygiene, etc. Also there must be considered the difficulties to be encountered from public prejudice or even opposition to this instruction.

Another branch of this educative work is to be taken up, viz., the sexual education of the great body of the young men of the working classes who need it perhaps, even more. This education should be essentially democratic, there should be no class distinction. How and through what agencies can we reach this large class? Should this instruction be individual or collective? and, Should the young women of this class, from which the ranks of prostitution are largely recruited, receive this education? All these, it will be admitted, are most important questions which require for their solution the knowledge of men and women whose social work brings them in direct contact with the living conditions of the masses of the people. This prophylactic education should also extend to the army and navy, since it is recognized that there is no other class of diseases which are so potent a factor in the impairment of physical efficiency of the men and the general demoralization of the service as the venereal class. The question has also most important economic aspects.

Other subjects that will properly come up for study and discussion will only be briefly alluded to—the importance of throwing sanitary safeguards around marriage. The question of penalizing the transmission of veneral diseases in the marriage relation—the question of placing venereal diseases on the same plane of sanitary control as other infectious diseases dangerous to the public health—this involves, of course, the question of "the medical secret" which dominates the situation so far as obligatory notification is concerned.

The subject of prophylaxis by treatment is scarcely subordinate in importance to that of education and demands careful study and consideration.

Finally, I may allude to the vast number and variety of questions which will come up in connection with the social evil and which cannot be ignored in any intelligent or comprehensive scheme of prophylaxis.

In conclusion, gentlemen, I may say that, although the work before us is laborious and difficult, I have great confidence in its ultimate success. Already there has been a marked awakening of interest on the part of the medical profession. As a favorable augury the fact may be noted that there have been more scientific papers on syphilis and different phases of gonococcus infection read within the halls of this academy during the last twelve weeks since this Society was formed, than in the previous twelve years. I believe this will fill a long-felt need and I have faith in its success because it is *right*.

HARVARD MEDICAL SOCIETY OF NEW YORK CITY.

Regular Monthly Meeting, held March 25, 1905.

The President, Charles Schram, M.D., in the Chair.

The scientific business of the evening was opened by the reading of a paper by Dr. Henry C. Coe on appendicitis complicating pregnancy and the puerperium.

Importance of Appendicitis in Pregnancy.—Dr. Coe said that the importance of any affection of the appendix, during pregnancy, can readily be understood, and yet very little has been said about the subject in the text-books or in medical journal literature. Hancock, in 1848, reported a perityphlitic abscess, the term by which appendical suppuration was called in those days, which he opened by incision. Dr. Howard Kelly, in his latest book on appendicitis, says that undoubtedly many mild cases of appendicitis occur during pregnancy, but are missed, because it is rather expected that certain pains will develop as a consequence of the enlargement of the uterus. Severe cases that end fatally, especially during the puerperium, are, in his opinion, likely to be considered as puerperal sepsis. This error must be carefully guarded against.

Frequency of Appendicitis.—The obstinate constipation from which many women suffer during pregnancy is likely to be a source of appendical disturbance. Certainly, if there has been any tendency toward appendix inflammation before pregnancy, then conditions are likely to favor recurrence. Such recurrences, Dr. Coe does not believe to be so rare as they are usually considered. On the contrary he believes that there

may be a toxemia set up by low grade inflammations of the appendix, and, with Dieulafoy, he thinks that this may form one of the toxic conditions of serious import for the pregnant woman. Formerly these conditions were thought to be all renal in origin, but now many sources of toxemia are considered to be in the etiology of toxic conditions leading up in various degrees to eclampsia.

Character of Attack.—Most of the cases of appendicitis occurring during pregnancy are undoubtedly mild. They take place without necessarily causing any interruption of the pregnancy or even producing serious conditions beyond the passing discomfort. Dr. Coe has recently seen in a case in which there were several attacks of discomfort in the appendical region, but without any febrile reaction. These attacks, however, became so severe that at length the removal of the appendix was determined upon. The organ was found to be atrophic and adherent, and after its removal there were no further disturbances. The pregnancy continued normal to term. It is important to remember that the right ovary may be tender and give symptoms simulating appendicitis, and in cases of prolapse the discomfort may be quite severe, and more or less paroxysmal. This must not constitute a reason, however, for dismissing any of these cases without the suspicion of possible appendicitis being aroused and careful examination with that idea being made. In a recent case under Dr. Coe's care, the tenderness seemed to be so deeply seated that it appared surely to come from within the pelvis and probably to be of ovarian origin. It proved, however, to be appendicular.

Vaginal Section.—In a recent case in which there was a large exudate covering much of the lower part of the right side of the abdomen, the inflammatory material was evacuated by means of a vaginal incision. The reaction after this was good, but after two weeks an abortion occurred, and then the patient became entirely well. These vaginal incisions do not seem advisable except in certain cases where the abscess points in this direction, but this experience would seem to show that they can be made use of with safety and good results.

Appendicitis During the Puerperium.—It is easy to understand that if there is any inflammatory exudate around the appendix during the changes of intra-abdominal pressure, which takes place after the uterus has contracted, there may be a lighting up of peritonitis. Undoubtedly some of these cases represent what is supposed to be post-partum sepsis, in, which, however, the most careful examination does not show any infection of the uterus itself or of the genital tract. In these cases, if there is suspicion of appendicitis, an operation should be done, as, of course, the discovery of the real origin of the infectious material may prove life-saving. In a recent case where curettement of the uterus failed to reveal any cause for the septic symptoms present, an intensely inflamed appendix was found, and this rather than any endometritis was considered to be the origin of the peritonitis that had been observed. In another case, suspected to be appendicitis, a suppurating ovary was found and the appendix could not be found. Apparently it had sloughed off and the products of the suppuration had infected the neighboring genital tract.

Frequency and Diagnosis.—The frequency of appendicitis is not greater during pregnancy than out of it. Perhaps, indeed, it is less frequent because in women the appendix is not infrequently affected by extension of inflammation from the adnexa, and such infected women are likely to be sterile. It is rather easy to make mistakes with regard to the existence of the affection. In one case, recently seen, a patient was supposed to be suffering from typhoid fever, but there was immediate improvement after the incision of a large abscess. It is difficult to map out the induration of appendicitis in pregnant women, but if the patient is put on the left side in order to allow the uterus to drop out of the way, this can usually be accomplished. Acute septic conditions in the puerperium often come from the appendix. Subacute infections come from the ovaries. It is not always easy to differentiate ectoptic pregnancy from appendicitis, and sometimes it will be found that the appendix is adherent to an ectopic gestation sac. Intrapelvic appendicitis is extremely difficult to differentiate from other pelvic affections, and at times may be mistaken for intrapelvic phlebitus, or may give rise to the suspicion of some infectious thrombosis of the intrapelvic veins. In these cases, however, unless there is confirmation of the suspicion by the occurrence of phlegmasia in the leg, it is easy to suspect appendicitis and treat for that condition. Undoubtedly the statistics of appendicitis in pregnancy, as so far given, have been too unfavorable. It has been said that most of the mothers perished and very few of the children lived. As a matter of fact, however, if the case is taken in time, the great majority of the mothers will be saved and the pregnancy will continue to term. On the other hand, another important reason for not delaying operation in these casese is that at times, a dead fetus has been found with the colon bacilli present in the cord and evidently the cause of the death as the result of communication of the infection from an untreated appendicitis. Marks has suggested that in the later months of pregnancy premature labor should be induced and then the appendicitis treated. Pinard's advice is better, however. He says, treat appendicitis without any attention to the woman's condition, and it will usually be found that the pregnancy will go on to term. The advisability of operating even for mild symptoms that occur early in pregnancy has been suggested in order to avoid the dangers of the subsequent course of the case. Unless there have been well-marked symptoms, however, the appendicitis may only have been catarrhal and not necessarily suppurative.

Prophylaxis.—Constipation is the main cause of appendicitis, undoubtedly, and hence it is of extreme importance that the bowels of the pregnant woman should be kept freely opened, and that her diet should be carefully regulated with the idea of preventing any complication from this portion of the intestinal tract. Less meat should be taken, as a rule, than usual, and exercise should be strongly advised, and indeed insisted upon. If there are well-marked symptoms of appendicitis, then an interval operation should be done in spite of the existence of pregnancy in order to save the woman from subsequent dangers.

Dr. Frank Daniels, in opening the discussion, said that appendicitis in pregnancy is undoubtedly rare, and while its presence might be overlooked in the puerperium, he is not able to recall a case in which such a mistake was likely. It is evident that the rule must be to treat just as in non-pregnant cases and in individuals where there have been mild symptoms, an operation should be advised after pregnancy in order to avoid the dangers during a subsequent pregnancy.

Dr. Schram said that no case of appendical origin should be considered as mild in a pregnant woman, since the adhesions which protect the patient are likely to be ruptured during contractions of the uterus at the end of pregnancy. There seems no doubt that many of the cases of sepsis following labor for which no adequate cause can be found, are really due to the appendix. Certainly in all cases of post-partem sepsis, symptoms of appendicitis should be looked for in their history.

Dr. H. N. Vineberg said that mild cases of appendicitis complicating pregnancy are not infrequently reported, but of some the diagnosis may be doubted. In severe cases operation is indicated just as if the woman were not pregnant. Personally he has operated upon five patients, and all of his patients have carried their children to term.

Acute Pyelitis.—Dr. Vineberg said that an important element for differential diagnosis is acute pyelitis. This occurs not infrequently in pregnant women, and when it effects the right kidney may simulate appendicitis. In a recent case there was profuse tenderness on the right side of the abdomen with high temperature, but bimanual examination showed that the tenderness was especially localized in the kidney region. A large quantity of pus was found in the urine of this case. Where pyelitis is present, there is apt to be some frequency of micturition. In some cases, where appendicitis seems to be present, operation fails to show any affection of that organ and occasionally the discomfort continues to a serious degree until abortion takes place. Another important differential factor is cholecystitis. An operation in these cases can be done, and yet the patient carry her child to term.

Dr. Battey said that in a case recently under observation appendicitis developed in the eighth month, but with care the case was carried over the puerperal period and a successful operation performed afterward. In another case, operation was done at the sixth month and the incision closed without sutures, healing by primary intention.

Dr. Tilton said that the combination of appendicitis and pregnancy must be rather rare, since it is seldom reported, and occasionally, as in a recent case, other conditions may be mistaken for appendicitis. A sloughing fibroid may well give all the ordinary symptoms.

Dr. Walker said that operations done in the fourth and fifth month with the evacuation of acute abscesses had in his experience been followed by complete recovery and carriage of the fetus to term.

Dr. Coe, in closing the discussion, said that occasionally pyelitis may be of intestinal origin; hence, the necessity for care of the bowels so as to avoid anything like toxemia. Besides pyelitis inflammation of the ureter on the right side should be remembered as one of the things likely to be confounded with appendicitis.

Acute Polyarthritic Gout.—Dr. Potter said that when gout involves a number of joints, it sometimes becomes rather difficult to decide as to whether the disease is really gout or rheumatism. In a patient recently seen at the City Hospital, the diagnosis at first made was rheumatism, but as the inflammatory symptoms wandered from the right knee to the left knee and then to the shoulder and finally to the ankles, and as salicin used in large doses had no effect the patient was put on colchicin when there was a prompt recovery. In this matter it is well to remember that the first attack of gout is almost never polyarthritic but subsequent attacks may involve a number of joints. It would seem cases of chronic rheumatism are really gout, while even a few cases of acute rehumatism are gouty in their nature.

Other Diagnostic Difficulties.—In a subsequent patient where the conditions seem to be not unlike that observed in the patient just mentioned, no improvement took place under colchicin. Careful inquiry, however, showed that the patient had suffered from gonorrhea not long before, and examination showed the presence of ulcerated spots in the urethra, and after these had been touched with nitrate of silver, the arthritic symptoms promptly improved. It seems not unlikely that a number of cases of so-called chronic rheumatism and gout are really urethral in origin. In the treatment of ordinary rheumatism, Dr. Potter has found that the free use of salicin up to 400 or 500 grains a day is a very efficient remedy, and when this does not give results, there is always a suspicion of the cases being something else than ordinary rheumatic arthritis. It takes some courage at the beginning to give doses as large as this, but patients bear them very well and symptoms of intoxication are seldom seen.

Frequency of Gout.—Dr. Tilden Brown said that gout was rather frequent in this country, and that ordinary clinical signs are not always sufficient to differentiate it from rheumatism. An excellent and pathognomonic symptom, however, is a low excretion of urea. At times the urea may run so low that a suspicion as to the presence of kidney disease may be aroused. The rhythm of urea excretion constitutes a warning as to the approach of an attack of gout that may be of service for prophylactic purposes or at least beginning treatment so as to lessen the severity of the symptoms.

Gout in This Country and in England.—Dr. James J. Walsh said that gout is much more frequent in this country than has been thought, and that the number of cases is not so far behind those that occur in England, supposed to be the great home of gout. A comparison of the number of cases of gout that have been under treatment at Johns Hopkins in the last fifteen years with the sufferers at St. Bartholomew's Hospital for the same period, shows how nearly these figures approach each other. While ordinarily it would be thought that gout was three or four times as common in England as it is here, there were really only four cases under treatment at St. Bartholomew's for every three cases under treatment in this country. In this country people earn their gout rather than inherit it. The two most prominent causes are the consumption of malt liquors and the absorption of lead. Some people are so much more susceptible to lead than others that it is by no means necessary that they should have been exposed for a long period nor have absorbed very much of it in order to produce serious symptoms.

Differential Diagnosis of Arthritis.—The three forms of arthritis which are not directly septic in origin, nor due to such a microbe as that of gonorrhea or of the infectious diseases, are not easy to differentiate. Dr. Osler confessed that at Johns Hopkins one patient had been treated as a sufferer from rheumatism on three different admissions to the hospital before it was discovered that tophi were present, and that the affection was really gout and not rheumatism. As a rule, when the smaller joints are attacked, the affection is not true rheumatic arthritis, but is either gouty in origin or is due to one of the forms of arthritis deformans. If the cervical vertebræ or the jaws become affected, then the patient is almost sure to be suffering from arthritis deformans.

Infectious Arthritis.—Dr. Nathan said that the differentiation of gout from rheumatism by the therapeutic test makes the diagnosis rather dubious. The salicylates are by no means always a specific for rheumatic arthritis, nor does gout always yield to colchicum and its derivatives. Many of the forms of arthritis are, of course, due to various infectious agents. It would seem as though no diagnosis of gout should be made unless tophi are present. As a rule, the only assurance of the diagnosis is to have the patient under observation for some time. Where there is doubt, careful examination should be made of the various avenues by which infectious material may gain entrance to the body before any decision should be arrived at.

Dr. Daniels said that it is very difficult to formulate

a definition of gout and rheumatism, and there seems to be no doubt that gout is much more frequent in this country than used to be considered. With regard to the presence of tophi, they occur only in later stages of the disease, and it would seem the diagnosis should be possible before this period.

In closing the discussion, Dr. Potter said that the diagnosis of the various forms of arthritis is as yet very obscure. At the present time, the three categories, infectious, rheumatic and gouty arthritis seem to comprehend all the known cases, but it is not always easy to decide in which category the particular affection must be placed. The therapeutic test, while not infallible, is undoubtedly of great service. Colchicin will relieve most cases of gout very promptly. On the other hand, salicin if given in sufficient doses, will relieve the symptoms of acute rheumatism. In very large doses, even of 500 grains per day, serious results from its administration are seldom seen. There may be eruptions and ringing in the ears, but nothing like the symptoms of collapse so often seen with oil of wintergreen or sodium salicylate. There is no good reason why this therapeutic test should not be used to help in the diagnosis of what always remains even with this aid a difficult question.

Simulation of Ectopic Pregnancy.—Dr. Coe reported a case of cramp-like pain in which examination disclosed the presence of a well-defined mass on the left side of the abdomen. Ectopic gestation was suspected, but on operation, the condition proved to be one of adherent intestine. The adhesions were very firm and had prevented the free movement of feces, yet the onset had been sudden, and there had been no fever, though very much discomfort. In private practice a doubt with regard to the condition that is present may make the surgeon averse to operation, but wherever a mass is the result, if symptoms are at all acute, then operation should be performed. Otherwise, there is danger of allowing a serious condition to develop to such a stage that the patient's life is put in danger and even delay may involve serious risk.

Dr. Vineberg, in discussing the case, said that the leucocyte count was considered at one time as sure to be helpful in the recognition of inflammatory conditions as contrasted with mechanical difficulties within the abdomen. Further experience, however, has shown that the leucocyte count can be very misleading. The reaction which causes an increase in the number of leucocytes is a very individual matter. At times in ectopic gestation the leucocyte count is high, though, as a rule, it is low. On the other hand, in inflammatory conditions, under exceptional circumstances, the leucocyte count may be low. Dr. Vineberg illustrated by personal experiences, the necessity for extreme care in the examination of suspected cases of ectopic pregnancy, since there may be rupture during the manipulations. In one case, the presence of intra- and extra-uterine pregnancy at the same time made the question of diagnosis extremely difficult, and the rupture took place followed by severe hemorrhage, so that the patient became pulseless and was only saved by injection of normal salt solution. The necessity for carefulness in such cases cannot be overemphasized. The whole subject of extra-uterine most difficult matters with which the gynecologist has gestation still remains in some of its phases one of the to deal.

Lean and Hungry Doctors at Bellevue.—"Four chickens for the medical houststac," "forty chops for fifty-two doctors," constituted the journalistic headlines descriptive of the meager fare that the internes at Bellevue Hospital are now having under the sway of the gentle hospital dietitian.

CHICAGO ORTHOPEDIC SOCIETY.

Stated Meeting, held March 28, 1905.

The President, John Ridlon, M.D., in the Chair.

The Bartlett (Boston) Machine for the Reduction of Congenital Dislocations at the Hip; being a Report of the Cases Operated on in Chicago.—Dr. John Ridlon read a paper on this subject before a recent meeting of the society, in which he stated that a year ago he reported on the results in 94 congenitally dislocated hips operated by the manipulative method. Twenty-nine were operated by Lorenz, and 65 were operated by him. He expressed the opinion at that time that the number of perfect anatomical replacements from this method would not be more than from 10 to 20 per cent.; that the number of failures in selected cases should not be more than 20 per cent.; and that the remaining 60 to 70 per cent. should be what are called "good results" by Lorenz, and include all those cases where, despite the fact that a normal anatomical replacement does not result, the patient stands straighter and walks better than before the operation, the anatomical relations being such that the patient may be expected to gradually improve with the passing of years instead of gradually grow worse, as is the case in unoperated patients. Since his report, Dr. Albert Hoffa, professor of orthopedic surgery in the University of Berlin, has visited and operated in this country. He believes that the manipulative replacement should be made in all cases of suitable age; and if perfect anatomical replacement be not accomplished, a second and even a third attempt be made; if this fails, a cutting operation should be performed. He stated that a perfect anatomical replacement by the manipulative method should not be expected in more than seven per cent. in bilateral cases, and 30 per cent. in unilateral cases. In his paper a year ago, he also pointed out the accidents that happened in making this "bloodless" operation, and the risks that must be considered when making it. More recently, Sherman, of San Francisco, has published his observations on Lorenz' work in that city, together with the conditions which he found in making a cutting operation on one of the Lorenz cases. He condemns the bloodless replacement in unmeasured terms. During the year that has passed, one or two of the cases that were reported by Dr. Ridlon as perfect have slipped, and are now classified as good, and an equal or greater number that were reported as good have become perfect; that is to say, cases that were reported as anterior transpositions because the femoral head could be seen and felt in the groin when the plaster splint was removed have under treatment become perfect anatomic replacements, as demonstrated by palpation and the Roentgen picture. The percentage of results remains about the same, improving slightly with increased wisdom in selecting the proper cases for operation, and with increased skill in manipulative technic from extended experience. But there are many things that we have not yet learned, namely: We do not know among the younger patients, those under three years of age, which ones will prove perfect anatomical replacements, and which ones will prove loose joints and become supracotyloid, or subspinous. In the older patients, those over four years, we do not know which ones are possible, and which ones are impossible; which ones will be perfect, which ones anterior, and supracotyloid, and which ones failures. We do not know the age limit

for a successful operation. After describing the Bartlett machine for reducing congenitally dislocated hips, and reporting cases in which this machine was used, the author concludes that the cases are too few to warrant any reliable conclusions, but it may be of interest to discuss impressions of the machine and its use. His attitude toward the machine in the beginning was somewhat overcritical. So many catchy theories and ingenious orthopedic contrivances have come out of Boston during the past twenty-five years, and ultimately have exploded or been proved worthless, that he had little faith in the machine. He believes that a strong patient and skilful operator can, by the manual method, reduce any congenitally dislocated hip that is reducible by any machine or any cutting method. But the machine does make the reduction easier for a strong man and possible for any man. He believes it greatly diminishes the risk of fracture of the neck or shaft of the femur. It diminishes the risk of nerve injury and paralysis and of rupture of the femoral vessels and gangrene, provided only suitable cases for operation are selected. Otherwise it adds to the risk. When the femoral head is displaced upward, more than two inches and all of the soft parts are structurally shortened to meet that position, it is not to be expected that replacement can be effected and retained by any method without serious risk to the limb. The muscles may be stretched or torn with impunity, but not so the blood vessels and nerves. The machine places an enormous force in the hands of the operator, and if he chances to be inexperienced or foolhardy, it does not diminish the risk to the patient. In the hands of a skilled and careful operator he thinks it does diminish the risk. The question of greatest interest was whether by the use of the machine it was possible to effect a more perfect replacement than could be had by the manipulative method. The small experience which he had with the machine did not solve this question for him. He has not yet seen a replaced hip that immediately after the operation appeared to have the femoral head as deeply sunken in the socket as is the case in a normal hip, nor has this been shown by any X-ray that he has seen. It seems to him that, operated by the machine, the hip ought to be better than operated by hand. But is it? The only evidence we can offer are the two X-ray prints which Mr. Bartlett recently sent to him. The first shows the usual position before operation; the second shows an unusual position for hips replaced only a little over a month. The femoral heads are sunk more deeply in the acetabula than he has ever seen before, and the greater trochanters are where they belong, instead of being turned downward and inward, below and to the inner side of the femoral heads. With the femora in this position, the plaster casts extended to and including the feet to control rotation, one certainly ought to obtain a much larger percentage of permanent replacements than when the limb is put up in right-angled abduction, with the greater trochanter below the head and shaft, and the side of the head resting against the cotyloid opening. The use of the machine on cases that have relapsed into dorsal, anterior, supracotyloid, subspinous, or any possible position does not seem to give as satisfactory results as when used in virgin cases. It is like all other operative procedures: More difficult when one has tried and failed by some other method, and in cases partially operated and those that have been allowed to relapse through lack of proper after-treatment. In a word, he believes the machine to be a good and useful appliance; but it is a patented appliance; this and the terms demanded by Mr. Bartlett have prevented him from a more extensive use of it.

Prevention and Reduction of Deformity in Pott's Disease.—Dr. Charles E. Eikenbary, in a paper on this subject, expressed the opinion that no case taken in the early stage, before there is any deformity, or before the deformity is marked, need recover with anything but a perfectly normal spine, so far as contour is concerned, and many cases, probably 50 per cent., come to us in the later stages of the disease, that is, the subacute stage, when the deformity is quite marked, and have the deformity reduced one-half or entirely. There is no one single line of treatment that is applicable to all cases. All cases should wear some support, no matter whether the patient be confined to bed or not. The plan, so frequently pursued, of advising rest in bed and not insisting upon some form of support, is just as far from being correct as it would be in the case of a tuberculous knee or hip. Every jacket should be so carefully, so smoothly applied that no pressure sore or other complication is going to arise that would necessitate its removal for a few days. To thus wear a jacket intermittently is almost as bad as to wear no jacket at all. One case will suffice to illustrate this point: A. O., eight years of age, entered the hospital with high dorsal Pott's; no deformity. Treatment during the following two and a half years consisted entirely of plaster-of-Paris jackets. A number of times during the two and a half years the jackets were applied in such a manner as to be very uncomfortable, and to produce pressure sores, thus necessitating their removal for a few days or a week. During these periods the child was kept in bed, wearing no apparatus. At the end of two and a half years deformity was extreme. Most cases with a marked deformity give a history very similar to the above. So long as jackets are applied the least bit carelessly, so long as we get pressure sores and have to lay aside the jackets, just so long are we inviting deformity. Another factor that is so productive of deformity is failure to carry the jackets very high as well as very low in front. The higher the seat of disease, the higher must we carry jackets, so that in some cases of high dorsal or cervical Pott's, the plaster should be carried up so as to support the chin and occiput, the plaster being molded to fit the parts. As a general rule, one may say that the efficiency of the jacket increases exactly in proportion to its length, particularly its length anteriorly, owing to the greater degree of fixation. The position of the patient during the application of the jacket is another factor that is of the greatest importance. The vertical position is by no means as effective as the horizontal, owing to the fact that in the former case we get very little hyperextension, and therefore little reduction of deformity, whereas in the latter case one is able to get most any amount of hyperextension, and therefore a great deal of reduction of deformity. The horizontal position is best maintained by means of the Taylor kyphotome, the Ridlon bridge, or the apparatus of Goldthwaite. The important thing in either of these methods is to produce the maximum amount of extension at the seat of disease, and having obtained such extension to apply the jacket high enough and low enough that one will lose nothing that has been gained, and to apply it so smooth-

ly and so strong that a change under four months will be unnecessary. The stockinette shirt or undervest, whichever is used next the skin, should be pinned or tied over the shoulders and pinned between the legs, care being taken to stretch it perfectly tight so that no wrinkles will result. The author summarized as follows: (1) Cases seen before the stage of deformity should never be allowed to develop deformity. (2) Deformities in the acute or subacute stage can be reduced one-half or entirely. (3) Children under three years are best treated on the bent gas-pipe frame. (4) Cases over three years are best treated by the application of a solid plaster-of-Paris jacket. (5) Perfect technic and careful attention to little details are absolutely essential.

OMAHA (DOUGLAS COUNTY) MEDICAL SOCIETY.

Regular Meeting, held March 28, 1905.

Carlsbad.—Dr. A. F. Jonas, of Omaha, addressed the Society upon his personal experience as a patient, suffering from stone in the gall-bladder, requiring two operations. It was found necessary to take a course of after-treatment for the reason that pains still persisted. At the first operation the gall-bladder was practically filled by a stone. Recovery was prompt and he was at work again in about a month. In June, 1904, he had suffered from return of pain which had been very severe. Icterus was present and the most intolerable itching. He had felt reasonably certain that, if there was another stone present, it was a floating one in the common duct. He had become very septic and suffered very greatly from pain and insomnia. He was again operated upon and a small stone floating in the common duct was found. Recovery had been very slow and tedious and the sepsis had been very pronounced. The conditions present simulated the old pain when the stone had been present. The discharge had been ropy, tough and tenacious. When the discharge had been of this character, the symptoms had been quite severe. He had therefore determined to go to Carlsbad.

On the ocean trip he had suffered no pain. At once upon landing, the pain, jaundice and itching had returned. The stools had been clay-colored. Just before his physician took the case in hand, he had suffered from great pain, so severe that he used a grain and half of morphine within an hour. He had ironed his abdomen with a rubber bottle filled with boiling water, after which the pain had ceased, never to return. He had placed himself under the care of an internist of Carlsbad who had examined him with the greatest care. He had been very greatly impressed witn the method used by his physician in giving his directions. These had been written out very carefully and minutely. At the top, was the warning that beer and wine were absolutely prohibited. The hour had been named when he was directed to drink. The spring from which he was to drink had been named as well as the quantity permitted. Hours had been assigned for rest, for walking, for outdoor loitering and for an abundant amount of sleep. Most minute directions had been given as to the very articles of food permitted and forbidden. All fats, including butter, all fried things and all fresh fruits and potatoes had been prohibited. He believed that a gall-stone is always preceded by infection in the biliary passages; that this produces a catarrhal condition of the tract; that the passage of the bile is retarded. He had spoken of the cholesterin in the bile, of its precipitation and the formation of stone upon the retardation of the flow of bile; had insisted that pain was not only due to the presence of stone, but also to these very conditions after the removal of a stone. He insisted that surgeons were too often in error in their advice as to gall-stone cases; that they were too often content to remove the stone and expect the patient to recover promptly. They had ignored the fact that the removal of the stone neither removed all of the existing infection, nor the results of the past infection.

He had insisted that the bile continued to flow sluggishly, to remain tough and tenacious and caused by the stone. He taught that drugs had no to continue the same symptoms as had been formerly effect whatever upon the flow of bile, but that the Carlsbad waters had a very decided effect. He had found that his stools became mahogany brown after two or three days' use of the water and remained so with slight variation. Dr. Jonas had been ordered to use the water from the cooler springs at first and had been told just when to change to the water of higher temperature. He had used a water of 163° F. at the close of his visit. He had been so greatly impressed by the minuteness of his physician's directions that he had fully learned that no greater mistake could be made by the physician than in sending their patients to any spring with the general instruction to go there and drink the waters. He had recognized fully the absolute necessity of every patient being under the care of a competent local physician. Two of his fellow-sufferers had spoken to him as to their failure to improve. Upon inquiry, he had found that they were under no one's care and were simply drinking water at haphazard. He referred both of these men to his physician and had been very much amused later to find that his physician had in turn sent the first one to the surgeon in Carlsbad for the removal of a gall stone, and the second one back home by reason of the fact that his trouble was pernicious anemia. He had also learned that the profession at Carlsbad found it necessary to have very many of their patients subjected to operation for gall-stone and that the waters had absolutely no value in the direction of dissolving any form of gall stone. He had found that the analysis of the waters made by Becker 150 years ago had not been changed: that recent examinations had showed that the waters contained sulphate of sodium, bicarbonate of sodium, chloride of sodium as the chief therapeutic ingredients.

He found that the season was from May to November; that it was one of the great resorts for pleasure as well as cure during the season and that about 110,000 guests were there each season. All the springs were owned by the municipality. All guests who remain eight days are required to register and are called Cure guests. All of these guests have to pay a Cure tax, varying from 20 crowns (of 20 cents each) to 4 crowns each for the season. Each one also has to pay a music tax of lesser sum. These taxes maintain the beautiful establishments, the bands and the parks. The physicians of Carlsbad are of all ranks and grades and are all private, employed here as in any other city. A splendid band of 60 pieces furnishes music during the whole day, music of classical character, for the promenaders. Hotel rates are not extortionate.

BOOK REVIEWS.

A TEXT-BOOK OF CLINICAL DIAGNOSIS. By L. NAPOLEON BOSTON, A.M., M.D., Associate in Medicine and Director of the Clinical Laboratories of the Medico-Chirurgical College, Philadelphia. W. B. Saunders & Co., Philadelphia, New York and London.

DR. BOSTON has aimed particularly, in this manual, at making it practical, while avoiding sketchiness, intending it to be of use to those students and general practitioners who have not at their command unlimited laboratory equipments. The methods described, therefore, are such as could be carried out with a minimum of complicated apparatus. The volume opens with a short chapter on the structure, use and care of the compound microscope, illustrated by diagrams and pictures. The subject-matter proper is taken up under the headings: The Blood; The Urine; Gastric Contents; The Feces; The Sputum; Buccal Secretions; Nasal Secretion; Discharges from the Ear and Eye; Secretion of the Genital Organs; Transudates and Exudates; Cerebrospinal Fluid and Synovial Fluid; Diseases of the Skin; Milk. These in turn are suitably subdivided, and the various procedures in clinical technic required in the various diagnoses are carefully described, step by step, with many illustrations. The most recent and efficient methods of examination are dealt with, including those for the estimation of sugar in the urine, Bence-Jones albumin, uric acid and purin. Original drawings illustrate the progress in blood examination, and serum diagnosis receives careful consideration. Inoscopy and Cytodiagnosis are touched upon, and skin diseases, secretions of the eye and ear, and transudates and exudates are treated of at considerable length. The chapter on animal parasites of the feces is particularly full and satisfactory.

LIGHT ENERGY. By MARGARET A. CLEAVES, M.D., Professor of Light Energy in the New York School of Physical Therapeutics, late Instructor in Electrotherapeutics in the New York Post-Graduate Medical School. Rebman Co., New York and London.

DR. CLEAVES takes up her subject with enthusiasm, and clears the ground by preliminary but extensive chapters on the theories and manifestations of light energy and the physics of light energy, proceding thence to a discussion of its influence on the lower forms of life, vegetable life and bacteria, and finally the higher forms. After expounding the physical effect and biologic action of light influence in general, she describes and discusses various light baths, sun, electric, arc and incandescent. To the first-named Dr. Cleaves attributes almost invariable good effects, terming it "the best possible form of light energy" except in the treatment of skin lesions, where a concentrated light energy of intense chemical activity is required. Its use is contraindicated in febrile conditions only, and the author especially commends its effect on wounds and sores. The arc light is also enthusiastically commended as the next best to the sun for general therapeutic purposes and preferable for skin localization. The more limited uses of the incandescent light bath are carefully expounded in the following chapter, and the contraindications for it, as dictated by the fact that its action is that of thermal energy, instead of chemical, as in the arc light, are given at length. The author next takes up the use of concentrated light energy, solar and electric arc, in the treatment of tuberculosis, lupus, and other affections. Blue, red and ultra-violet light energy are taken up in turn, the author finding indications for a more or less general use of each one, as also of the vacuum tube discharges discussed in the following chapter. She next advances upon the debatable ground of the "N" rays, and thence to the half-explored region of radium, reporting a number of cases of lupus, rodent ulcer, sarcoma, etc., in which cure or relief was obtained.

The phenomena of fluorescence are next considered, with their therapeutic uses and a brief treatise on sensitization. The volume closes with some remarks on the action of light energy on supersensitive skins, on insolation, and on the pathological effects of electric lighting. Throughout the volume the author carefully describes the technic of the various procedures, and she explains that the Roentgen ray is omitted from her discussions because of the mass of literature available elsewhere upon it.

MANUAL OF GYNECOLOGY. By BERRY HART, M.D., F.R.C.P.E., Lecturer on Midwifery and Gynecology, School of the Royal Colleges, Edinburgh, etc.; and A. H. FREELAND BARBOUR, M.A., M.D., F.R.C.P.E., Lecturer on Midwifery and Diseases of Women, School of the Royal Colleges, Edinburgh, etc. Sixth edition, with 2 lithographs and 359 wood cuts. W. T. Keener & Co., Chicago.

THE first edition of Hart and Barbour appeared twenty-three years ago, and occupied one of the foremost places among works of its kind. The sixth edition adheres to the general style of the previous volume, and has been revised in a partially successful effort to meet modern requirements. The section devoted to the anatomy and physiology of the female pelvic organs is without question one of the best published. The chapter on physical examination of the pelvic organs is not so well presented. The entire subject of digital examination is discussed in six pages, while nineteen pages are devoted to a description of the volsella, vaginal specula and the uterine sound. The best efforts of the authors at modernization are in the sections on operative gynecology, in which many of the most recent operations are described in a clear, concise manner. The work as a whole well illustrates how difficult it is to renounce entirely the principles and theories which have been accepted as true, and which subsequent study has controverted. The reader can scarcely fail to observe that although many subjects are presented in accordance with modern ideas, there is an out-of-date background which tinges the greater part of the book. In discussing the subject of pelvic cellulitis the authors state that it is the rare exception to examine a multiparous female pelvis without finding some trace of the previous cellulitis or peritonitis. This certainly reflects discredit on Scottish diagnosticians, or it is an indictment of Scottish morality. Ectopic gestation, obscured under the heading "Pelvic Hematocele and Hematoma," is not given the attention merited by the importance of the condition. The treatment suggested throughout the book is, in the main, decidedly English, and in many particulars would not meet with the approval of the modern American gynecologist.

BOOKS RECEIVED.

PRACTICAL PEDIATRICS. By Dr. Graetzer. Translated by Dr. H. B. Sheffield. 8vo, 532 pages. F. A. Davis Co., Philadelphia.

THE DEVELOPMENT OF THE HUMAN BODY. By Dr. J. P. McMurrich. Second edition. 8vo, 539 pages. Illustrated. P. Blakiston's Son & Co., Philadelphia.

AN INTRODUCTION TO CHEMICAL ANALYSIS FOR MEDICAL STUDENTS. By Dr. E. W. Rockwood. Second revised edition. 8vo, 255 pages. Illustrated. P. Blakiston's Son & Co., Philadelphia.

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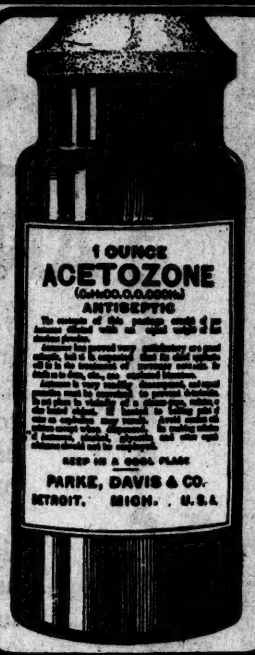

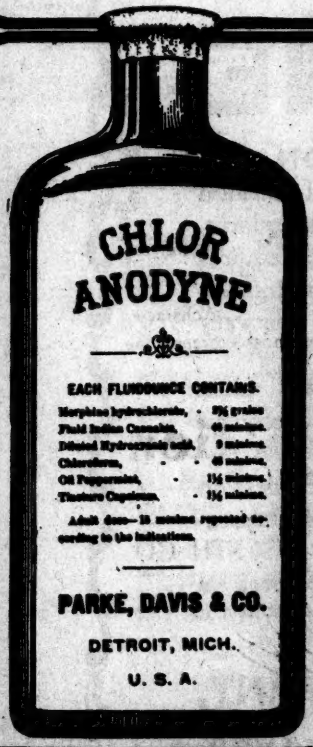

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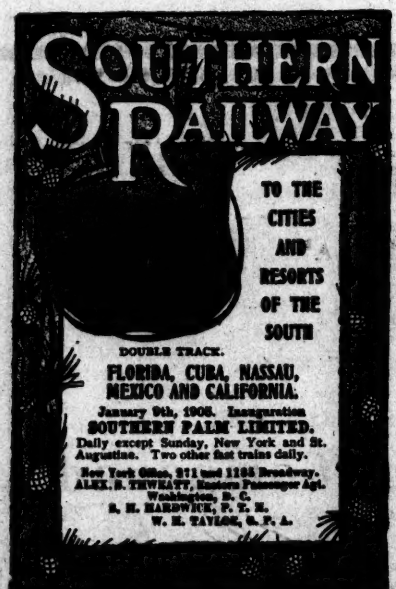

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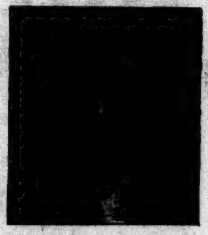

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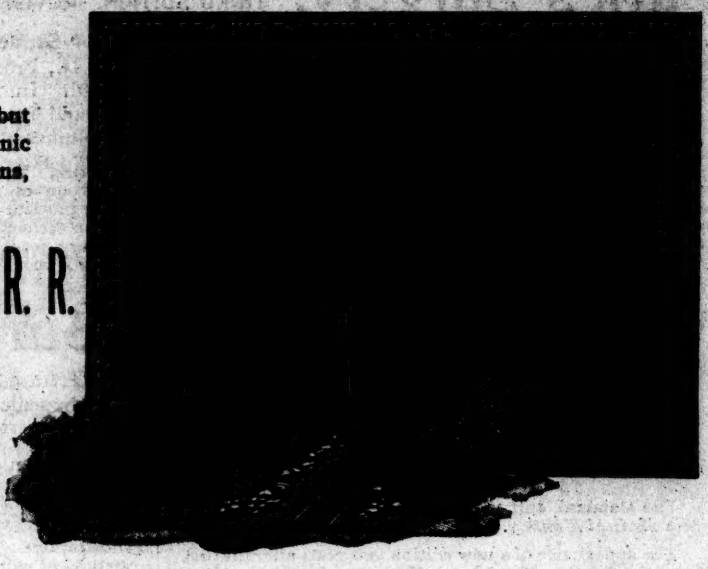

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